

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014119
STATE FILE NUMBER

FILED APR 17 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 103

300
1-57

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		c. CITY OR TOWN HANNIBAL	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #2 MYERS ROW		Length of stay in 1b 0644	
d. STREET ADDRESS #2 MYERS ROW		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last FRANKLIN EVANS			4. DATE OF DEATH Month Day Year APR. 5 1959		
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH --	9. AGE (In years last birthday) 21	10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) unknown 9	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE FRANCES EVANS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address #2 MYERS ROW MRS. FRANCES EVANS HANNIBAL, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Hemorrhage into pleural space, left		INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Munshet wound of heart + left lungs liver	5 min
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 22 rifle fired by wife in home
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20c. TIME OF INJURY Hour Month, Day, Year 2:15 a.m. 4 5 59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home	20f. CITY, TOWN, OR LOCATION Hannibal	COUNTY Marion	STATE Mo
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **2:15 am** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry Sweet Jr M D Coroner 3	22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 4/6/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) DALLAS TEXAS
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24. FUNERAL DIRECTOR Geo E Robert	25. DATE RECD. BY LOCAL REG. 4-9-1959	26. REGISTRAR'S SIGNATURE Mr C M Luckey by H C Fisher
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard measurements in stating age. The age of infirmities with no relation. All diseases in Part I must be causally related.

1911 9 1 11 AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Geo E. Roberts*

Licensed Embalmer No. *2113*
P. O. Address *Hammel*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.