

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8816

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) TOWNSHIP TOLPIN 1		c. LENGTH OF STAY (In this place) 4 Wks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction 49		d. STREET ADDRESS (If rural, give location) 114 W. Pennell 3
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			4. DATE OF DEATH (Month) (Day) (Year) 3 20 1949		
3. NAME OF DECEASED (Type or Print) a. (First) David	b. (Middle) GRIFFITHS	c. (Last) EVANS	5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2
8. DATE OF BIRTH 8-4-1870	9. AGE (In years last birthday) 78	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (State or foreign country) Missouri U	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Edwin Evans		13b. MOTHER'S MAIDEN NAME Elizabeth Griffiths		14. NAME OF HUSBAND OR WIFE Alice Gardner Evans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edwin Evans son Carl Junction Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) secondary to pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500				INTERVAL BETWEEN ONSET AND DEATH 1m onth
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 22 1949 to March 20 49, that I last saw the deceased alive on 3/19/49, and that death occurred at 2:02 AM from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. H. ...			23b. ADDRESS Joplin Mo.		23c. DATE SIGNED 3/22/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-1949	24c. NAME OF CEMETERY OR CREMATORY Twin Groves Cemetery	24d. LOCATION (City, town, or county) (State) Jasper Co. Mo.		
DATE REC'D BY LOCAL REG. 3-23-49	REGISTRAR'S SIGNATURE Ed James		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Don Roney - Carl Junction		

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 5 1949
MAY 2 1949

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.

Signed F. M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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 this body is not embalmed, fact should be so stated above.