

FILED AUG 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23163**
676
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5466		Registrar's No. 676	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) Rural—South Campbell			c. LENGTH OF STAY (in this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) Ava		34	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSARK OSTEOPATHIC HOSPITAL				d. STREET ADDRESS (If rural, give location) Rt 2,			
3. NAME OF DECEASED a. (First) Mary			b. (Middle) Aline	c. (Last) Evans	4. DATE OF DEATH (Month) (Day) (Year) July 29, 1949		
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 14, 1888		9. AGE (In years last birthday) 60	if UNDER 1 YEAR Months 11	Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Douglas County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jim Cameron		13b. MOTHER'S MAIDEN NAME Casaly Miller		14. NAME OF HUSBAND OR WIFE Mr. Harrison 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. none	17. INFORMANT'S SIGNATURE OR NAME Harrison Evans				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Exsanguination ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spontaneous hemorrhage DUE TO (c) Primary carcinoma of the posterior nares II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 160X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 7-27, 1949 , to 7-29, 1949 that I last saw the deceased alive on 7-29, 1949 , and that death occurred at 2:25 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard E. Wetzel, M.D.				23b. ADDRESS 2700 E. Sunshine Blvd., Mo.		23c. DATE SIGNED 7/29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-1-1949	24c. NAME OF CEMETERY OR CREMATORY Basher Cemetery		24d. LOCATION (City, town, or county) (State) Basher, Missouri		
DATE REC'D BY LOCAL REG. 8-1-49		REGISTRAR'S SIGNATURE R. E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home		ADDRESS Ava, Mo.	

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
Student Embalmer

Signed

Charles R. Fish

Licensed Embalmer No. *4662*

P. O. Address *Avon, 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.