

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27371

0495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 6 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 996

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>6 Years</u>		d. STREET ADDRESS (If rural, give location) <u>915 W. 20th St.</u>	
3. NAME OF DECEASED a. (First) <u>Mrs. Ida</u> b. (Middle) <u>Mae</u> c. (Last) <u>Evans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 27 51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8/19/1874</u>
9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Days <u>0</u> IF UNDER 48 HRS. Hours <u>8</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Grandville, Iowa</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. CITIZENSHIP OF WHAT COUNTRY? _____		12. CITIZENSHIP OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Joseph Brammer</u>		13b. MOTHER'S MAIDEN NAME <u>Racheal Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>F. M. Evans</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxiation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Circulatory failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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 <u>April</u> , 19 <u>51</u> <u>8-27</u> , 19 <u>51</u> that I last saw the deceased alive on <u>8-26</u> , 19 <u>51</u> , and that death occurred at <u>12:20 PM</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Bob Schober</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Joplin Mo</u>	
23c. DATE SIGNED <u>30 Aug 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>8/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rambo Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton Co. Ark</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Nelson</u> ADDRESS <u>F. H. Berryville, Ark</u>	
DATE REC'D BY LOCAL REG. <u>8-30-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

RECEIVED 9-4-51

Jasper County Health Office

County File Number 51/8/692

Date Filed 9-4-51

Dr. Schoeberl

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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 John E. Myers.

Licensed Embalmer No. 3220

P. O. Address Berryville, Ark.

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.