

## STANDARD CERTIFICATE OF DEATH

31040

State File No. ....

FILED SEP 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5260 Registrar's No. 12

1. PLACE OF DEATH a. COUNTRY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chadwick</u>			c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chadwick</u> <u>8220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian</u>				d. STREET ADDRESS (If rural, give location) <u>Christian</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ben</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Evans.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June, 30, 1870</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u> <u>9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Otto Rathbun, Sparta, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>				DUE TO (c) <u>Cause unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>4201</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>50</u> , to <u>Aug</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 20</u> , 19 <u>52</u> , and that death occurred at <u>P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harriet B. McCormick, D.O.</u>		23b. ADDRESS <u>Ozark, Mo.</u>		23c. DATE SIGNED <u>9/1/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mooresville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Livingston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 16, 1952</u>		REGISTRAR'S SIGNATURE <u>Comm. Jean Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin, Ozark</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.