

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **41728**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **370**

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>BONNE TERRE</b>		c. CITY OR TOWN <b>BONNE TERRE</b>	
c. LENGTH OF STAY (in this place) <b>3 DAY'S</b>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSPITAL</b>			
No. STREET ADDRESS		(If rural, give location) <b>134 MOUND ST. 0940</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>W.</b>	c. (Last) <b>EVANS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-17-1956</b>
--	-------------------------	-----------------------	------------------------	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Nov. 7-1909</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SELF EMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ELEC. REPAIRMAN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Miss. 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JAMEST. EVANS</b>	13b. MOTHER'S MAIDEN NAME <b>BLANCHE PENNINGTON</b>	14. NAME OF HUSBAND OR WIFE <b>SUSIE EVANS, BONNE TERRE, MO.</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>412-18-3266</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SUSIE EVANS, BONNE TERRE, MO.</b>	ADDRESS <b>BONNE TERRE, MO.</b>
---	---	---	------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute blood loss.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured varix of the esophagus</b> DUE TO (c) <b>Laennec's cirrhosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5811</b>			

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) (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 **Dec. 4, 1955**, to **Dec. 17, 1955** that I last saw the deceased alive on **Dec. 17, 1955**, and that death occurred at **6:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Jack W. Miller M.D.</i>	(Degree or title)	23b. ADDRESS <b>Bonne Terre, Missouri</b>	23c. DATE SIGNED <b>12-19-55</b>
--	-------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Dec. 19, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial Pk.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Francois Co., Mo.</b>
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>Dec. 19, 1955</b>	REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>B. J. Boyer</i>	ADDRESS <b>Bonne Terre Mo</b>
--	---	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

REC 29 1951

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 C. Z. Boyer....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed C. Z. Boyer.....  
Licensed Embalmer No. 1671.....

P. O. Address Dealoge, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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