

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13894

State File No. _____
Registrar's No. 4

BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 5649

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BARRY</u>	
b. CITY OR TOWN <u>Rural</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>MONETT</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west & south of Pierce City</u>		e. STREET ADDRESS (If rural, give location) <u>1001 BOND</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>LEE</u> c. (Last) <u>EVANS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 4 1956</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>6-2-1899</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales MAN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ELSIE, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>JOHN EVANS</u>	
14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		15. NAME OF HUSBAND OR WIFE <u>MARY EVANS RR Pierce City, MO</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>489-24-8306</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot gun Wound 12 gauge</u> <u>Position through heart</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE <u>Homicide</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>981x</u>	
21c. (Month) (Day) (Year) (Hour) OF INJURY <u>5 4 1956 6:30 P. m.</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>Homicide</u>		22. I hereby certify that I attended the deceased from <u>4-26</u> , 19 <u>56</u> , to <u>5/4/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-4-56</u> , 19 <u>56</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Will Josselyn</u>		23b. ADDRESS <u>Corner of Lawrence County</u>	
23c. DATE SIGNED <u>5-6-56</u>		24. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-7-56</u>	
24c. LOCATION (City, town, or county) (State) <u>PIERCE CITY MO</u>		25. FINAL DIRECTOR'S SIGNATURE <u>Wm. J. Wessell</u>	
25. ADDRESS <u>Pierce City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>570-56</u>	
REGISTRAR'S SIGNATURE <u>John Davis</u>		25. ADDRESS <u>Pierce City, Mo.</u>	

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 MR., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Gordon Bennett.....

Licensed Embalmer No. 421.....

P. O. Address Monett.....

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.