

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17951

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia (Rural)</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.R. 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle) <u>Pails</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 6, 1898</u>		9. AGE (In years last birthday) <u>59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ed. Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Parsons</u>		14. NAME OF HUSBAND OR WIFE <u>Rachel 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. <u>327-03-8364</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rachel Evans, Philadelphia, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractures of rt. shoulder + arm</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Marion Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 30 57 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Riding tractor which overturned into creek</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry Sweet Jr. M.D. Coroner</u>			23b. ADDRESS <u>Hannibal Mo</u>			23c. DATE SIGNED <u>6/1/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 3, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Suitt Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Philadelphia Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-3-57</u>		REGISTRAR'S SIGNATURE <u>W. C. M. Fyche</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Foster-Gayler Philadelphia Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10.48

FILED JUN 6 1957

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RECEIVED JUN 4 1957
MARION CO. HEALTH DEPT.
DATE FILED JUN 4 1957

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..... *Harold Garner*

Licensed Embalmer No. 3720

P. O. Address Marion City

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.