

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40700

Green
FILED NOV 20 1957

BIRTH NO. _____ REG. DIST. NO. *146* PRIMARY REG. DIST. NO. *3026* State File No. _____ Registrar's No. *4831*

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission). a. STATE Missouri. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY OR TOWN Marshall	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 601 No. Lafayette	
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium.			

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) ELIZABETH c. (Last) EVANS.			4. DATE OF DEATH (Month) (Day) (Year) 11/13/57		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2/28/1872		9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Hours 10 Min. 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri.	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME Joseph Bank		13b. MOTHER'S MAIDEN NAME Ida Middleberg		14. NAME OF HUSBAND OR WIFE John W. Evans.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John W. Evans ADDRESS Marshall, Mo/	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complications following surgery			INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, rectum DUE TO (c) with metastases			Yrs. 154x
		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 Carcinoma, rectum with metastases			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) m.		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 10-30, 1957 to 11-13, 1957, that I last saw the deceased alive on 11-13, 1957, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>John W. Evans</i> (Degree or title)		23b. ADDRESS W. D. 10901 Wanner Rd. Jdgy		23c. DATE SIGNED 11-15-57	
24a. FUNERAL CREMATION-REMOVAL (Specify) Burial		24b. DATE 11/16/57		24c. NAME OF CEMETERY OR CREMATORY Sun Set Memorial Gar.	
				24d. LOCATION (City, town, or county) (State) Marshall, Mo.	

DATE REC'D BY LOCAL REG. 11-16-57		REGISTRAR'S SIGNATURE <i>James Lewis</i>		25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Sweeney ADDRESS Marshall, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 18 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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *William Free*

Licensed Embalmer No. *4733*

P. O. Address *Marshall*

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.