Health, Welfare Public Service

300 0 1-57

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005486
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 426

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOSEPH HOSPITAL — Length of stay in 1b: 60 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3015 PROSPECT AVENUE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ROLAND Middle: RHEY Last: EVANS

4. DATE OF DEATH: Month JAN Day 25 Year 1958

5. SEX: MALE 6. COLOR OR RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: NOV. 3 1875 9. AGE (In years last birthday): 82 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: JEWELRY
11. BIRTHPLACE (City and state or country): MARYVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EVAN EVANS
13b. MOTHER'S MAIDEN NAME: MARY BELL RHEY
14. NAME OF ~~HUSBAND~~ OR WIFE: MRS. BERTHA YOUNG EVANS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. BERTHA YOUNG EVANS Address: 3015 PROSPECT AVE. KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 36 Hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ch. Hypertension — ?
DUE TO (c): Ch. Pyelonephritis — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 6000

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 4-58, to Jan 23-58 and last saw him alive on Jan 23-58
Death occurred at 9:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Glen H. Broyles (Degree or title) MD
22b. ADDRESS: 1232 Professional Bldg
22c. DATE SIGNED: 1-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JAN 27 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~: RIVERSIDE CEMETERY
23d. LOCATION (City, town, or county) (State): MOLINE ILLINOIS

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 1-27-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Glen H. Broyles USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed Verne Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.