

Health,
Welfare
Public
Service

58-012960
STATE FILE NUMBER

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 63

300
-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon <i>1820</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Statesbury	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Chauncey Middle Lee Last Evand	4. DATE OF DEATH Month March Day 15 Year 1958
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5. SEX M <i>0</i>	6. COLOR OR RACE wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1876 September 30	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 1 Days 15	IF UNDER 24 HRS. Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Maringo, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John D. Evans	13b. MOTHER'S MAIDEN NAME Mary Price	14. NAME OF HUSBAND OR WIFE Hazel Green Evans
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-26-9857	17. INFORMANT Mrs. Nell Hymer, 1820 Oakdale Address Houston, Texas
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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 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	Unknown
	DUE TO (c) 4200	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 10:25 Month, Day, Year March 15, 1958	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Moore Bldg., Nevada, Mo.	COUNTY Nevada STATE Mo.
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21. I attended the deceased from March 6, 1958 to Mar. 15, 1958 and last saw ^{him} March 15, 1958 Death occurred at Nevada, Missouri 10:25 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. P. McCann, M. D.	22b. ADDRESS Moore Bldg., Nevada, Mo.	22c. DATE SIGNED 3-20-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1958 March 20	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	23d. LOCATION (City, town, or county) (State) Fort Scott Kansas
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24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Mo.	25. DATE RECD. BY LOCAL REG. 3-22-1958	26. REGISTRAR'S SIGNATURE Anna J. Ferry
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *L. Kyle Ferry*

Licensed Embalmer No. *4960*

P. O. Address *Nevada*

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.