. Health,
& Welfare
Public
n Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033273
STATE FILE NUMBER

74523

FILED OCT 7 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WEBB CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: JANE CHINN — Length of stay in 1b: 17 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): JANE CHINN Hosp. — Reside on Farm: Yes [X] No [ ]

0492

3. NAME OF DECEASED (Type or print): First: ANTHONY Middle: LEE Last: EVANS

4. DATE OF DEATH: Month: Sept. Day: 30 Year: 1958

5. SEX: MALE

6. COLOR OR RACE: white

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Sept 30, 1958

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: 17 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): BABY

10b. KIND OF BUSINESS OR INDUSTRY: Never worked

11. BIRTHPLACE (City and state or country): Webb City Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert M. Evans

13b. MOTHER'S MAIDEN NAME: Lenora Vivian Evans

14. NAME OF HUSBAND OR WIFE:

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: Robert M. Evans Address: Galena Kan.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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): Fetal Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 17 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 7620
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Breech presentation & very difficult delivery

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

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 Birth Sept. 30 1958 to Sept. 30, 58 and last saw her/him alive on 9-30-58
Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. M. Pence (Degree or title): D.O. 2

22b. ADDRESS: Carterville, Mo

22c. DATE SIGNED: 10-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-1-58

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

23d. LOCATION (City, town, or county): Galena (State): Kansas

24. FUNERAL DIRECTOR: Roy L. Derfelt ADDRESS: Galena Kan.

25. DATE RECD. BY LOCAL REG.: 10-2-58

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

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 Roy L Denfeldt

Licensed Embalmer No. 4945

P. O. Address Salina Kansas

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.