

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036361

STATE FILE NUMBER

FILED NOV 14 1958

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 3022

300
1-57

| | | | |
|--|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6660 BELLEFONTAINE | | Length of stay in lb 23 YEARS | d. STREET ADDRESS (If outside, give location) 6660 BELLEFONTAINE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First GEORGE Middle ROSWELL Last EVANS | | | 4. DATE OF DEATH Month OCTOBER Day 23 Year 1958 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH SEPT. 14, 1885 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS. |
| 13a. FATHER'S NAME JOSEPH PRICE EVANS | | 13b. MOTHER'S MAIDEN NAME EDITH MC CUTCHIN | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 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. 495-09-9263 | 14. NAME OF HUSBAND OR WIFE DIXIE H. EVANS |
| 17. INFORMANT MRS. DIXIE H. EVANS, 6660 BELLEFONTAINE | | Address. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis DUE TO (b) Carcinoma of Larynx Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 161 1/2 |
| 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm,actory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 8-1-58 to 10-23-58 and last saw her/him alive on 10-23-58 Death occurred at 2:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>D.W. Newcomer</i> (Degree or title) | | 22b. ADDRESS 6627 Road to McSw | 22c. DATE SIGNED 10-24-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE OCT. 25, 1958 | 23c. NAME OF CEMETERY OR CREMATORY RIDGE PARK CEMETERY | 23d. LOCATION (City, town, or county) (State). MARSHALL MISSOURI |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 10-25-58 | 26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i> |

MEDICAL CERTIFICATION 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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *Ke 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.