

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040440

STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 209

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jane-Chinn Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City</u>		c. CITY OR TOWN <u>Alba</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jane Chinn</u>		d. STREET ADDRESS (If outside, give location) <u>0490</u>	
Length of stay in lb <u>1 week</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Joel</u> Middle <u>B. Irven</u> Last <u>Evans</u>			4. DATE OF DEATH Month <u>November</u> Day <u>9</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 22, 1889</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Cedar County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Ema Jene Brewster</u>	14. NAME OF HUSBAND OR WIFE <u>no data</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-38-7664</u>	17. INFORMANT <u>Mrs Vera Hathcock</u> Address <u>Alba, Mo.</u>
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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) <u>TERMINAL PULMONARY EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, DUE TO (b) <u>CHRONIC MYOCARDITIS</u>		<u>UNKNOWN</u>
DUE TO (c) <u>CORONARY ARTERIOSCLEROSIS</u>		<u>UNKNOWN</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		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.) <u>4201</u>
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20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	20e. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u>	STATE <u> </u>
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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, factory, street, office bldg., etc.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u>	STATE <u> </u>
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21. I attended the deceased from <u>9/19/58</u> to <u>11/9/58</u> and last saw ^{her} / _{him} alive on <u>11/9/58</u> Death occurred at <u>6:15</u> P. M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Howe Wells - [Signature]</u> (Degree or title) <u>2</u>	22b. ADDRESS <u>D.O., WEBB CITY, MISSOURI</u>	22c. DATE SIGNED <u>11/13/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-14-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jerico Springs Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Jerico Springs Missouri</u>
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24. FUNERAL DIRECTOR <u>Hedge-Lewis</u>	ADDRESS <u>Webb City, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>11-13-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>
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MEDICAL CERTIFICATION - USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

10-12

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 *Richard Gray Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Wash City, 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.