

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001282

STATE FILE NUMBER

294

FILED FEB 5 1959

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

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> - b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Raytown</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Conv. Home 4001 Warrick</i>		Length of stay in lb <i>5 years</i>	d. STREET ADDRESS (If outside, give location) <i>9101 E 65th Ter.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>NANCY JANE EVANS</i>			4. DATE OF DEATH Month Day Year <i>Jan 15 1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 27 1872</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <i>86</i> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <i>Arkansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>George Martindale</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Frank Evans</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Vernon Evans - 9101 E. 65th Ter Raytown Mo.</i>
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Broncho-pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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	COUNTY STATE
21. I attended the deceased from <i>Jan. 14, 1959</i> to <i>Jan. 15, 1959</i> and last saw her alive on <i>Jan. 14 1959</i> Death occurred at <i>9:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <i>Kenneth A. Davis M.D.</i>		21b. ADDRESS <i>601 Plaza Theater Kansas City, Mo.</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (State)
<i>Removal</i>	<i>Jan 16, 1959</i>	<i>Poteau Cemetery</i>	<i>Poteau Oklahoma</i>
24. FUNERAL DIRECTOR ADDRESS <i>Kilks Funeral Home 2315 Pennwood</i>		25. DATE RECD BY LOCAL REG. <i>1-16-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minichell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Kenneth A. Davis

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 *Chas E Wilks*

Licensed Embalmer No. *2644*
P. O. Address *17 E 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.