RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029487

STATE FILE NUMBER

FILED VS SEP 9 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 424

DED

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Freeman H ospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Newton
c. CITY OR TOWN: Neosho
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 300 Neosho Blvd
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Gilbert Last: Evans

4. DATE OF DEATH: Month: Aug Day: 20, Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Nov 2-1874

9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (City and state or country): Buffalo, Missouri

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

13a. FATHER'S NAME: Henry Foster Evans

13b. MOTHER'S MAIDEN NAME: Nancy Smith

14. NAME OF HUSBAND OR WIFE: Lillie R.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 492-42-9121

17. INFORMANT: Lillie R. Evans Address: Neosho, Mo.

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): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Sudden Dea

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, Generalized — Years
DUE TO (c): Cardiac Decompensation, Partial — 3 Wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Chronic Retention of urine -- 5 years.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 8-17-59, to 8-19-59 and last saw him alive on 8-19-59
Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joe E Callaway M.D.

22b. ADDRESS: 2117 Connor Ave Joplin, Mo.

22c. DATE SIGNED: 8-28-59

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

23b. DATE: 8- 22-1959

23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

23d. LOCATION (City, town, or county) (State): Neosho, Missouri

24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home Neosho, Mo

25. DATE RECD. BY LOCAL REG.: 9-3-1959

26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Fred L. Clark

Signature of Student Embalmer

Licensed Embalmer No. 5056

P. O. Address 312 So. W

Hoaska Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.