

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042442

FILED VS DEC 7 1960
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157 3028 239

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 18pt;">Jasper</p> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 18pt;">Carthage</p> | Length of stay in 1b <p style="text-align: center; font-size: 18pt;">18 yrs.</p> | c. CITY OR TOWN <p style="text-align: center; font-size: 18pt;">Carthage</p> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 18pt;">208 1/2 N. McGregor, Carthage</p> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 18pt;">208 1/2 N. McGregor</p> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center; font-size: 18pt;">NANCY JANE EVINGER</p> | | | 4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 18pt;">11 26 1960</p> | | | |
| 5. SEX <p style="text-align: center; font-size: 18pt;">female</p> | 6. COLOR OR RACE <p style="text-align: center; font-size: 18pt;">white</p> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH <p style="text-align: center; font-size: 18pt;">5-18-1885</p> | 9. AGE (last birthday) <p style="text-align: center; font-size: 18pt;">75</p> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 18pt;">at home</p> | | 10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 18pt;">domestic</p> | | 11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 18pt;">Shelby, Illinois</p> | 12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 18pt;">U S A</p> | |
| 13a. FATHER'S NAME <p style="text-align: center; font-size: 18pt;">? George</p> | | 13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 18pt;">unknown</p> | | 14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 18pt;">Charles Evinger</p> | | |

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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) <p style="text-align: center; font-size: 18pt;">no</p> | 16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 18pt;">none</p> | 17. INFORMANT <p style="text-align: center; font-size: 18pt;">W.W. Evinger (son) Rte. 4, Carthage, Mo.</p> |
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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) <p style="font-size: 24pt; font-style: italic;">Coronary Occlusion Total</p> | | INTERVAL BETWEEN ONSET AND DEATH <p style="font-size: 24pt; font-style: italic;">Insultaneous</p> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <p style="font-size: 24pt; font-style: italic;">Arterio Sclerosis + Diabetes Mellitus</p> | 3 years. |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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"/> <p style="text-align: center; font-size: 18pt;">NONE</p> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour s.m. p.m. <p style="text-align: center; font-size: 18pt;">NONE</p> | 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.) |
| | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |

21. I attended the deceased from

DID NOT ATTEND

 and last saw her/him alive on _____
 Death occurred at

App. 8:15 a.m.

 on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <p style="font-size: 24pt; font-style: italic;">Wendell M. Gorman, County M.D.</p> | 22b. ADDRESS <p style="font-size: 18pt; font-style: italic;">Med Arts Bldg. Carthage, Mo.</p> | 22c. DATE SIGNED <p style="font-size: 18pt; font-style: italic;">11-27-60</p> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="font-size: 18pt; font-style: italic;">burial</p> | 23b. DATE <p style="font-size: 18pt; font-style: italic;">11-29-60</p> | 23c. NAME OF CEMETERY OR CREMATORY <p style="font-size: 18pt; font-style: italic;">Park Cemetery</p> |
| 24. FUNERAL DIRECTOR <p style="font-size: 18pt; font-style: italic;">KNELL MORTUARY Carthage, Mo</p> | 25. DATE RECD. BY LOCAL REG. <p style="font-size: 18pt; font-style: italic;">11-29-60</p> | 26. REGISTRAR'S SIGNATURE <p style="font-size: 24pt; font-style: italic;">W. W. Evinger</p> |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DEC 7 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Knell

Licensed Embalmer No. 445a

P. O. Address Carthage

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.