

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1317-61-008760
1317 STATE FILE NUMBER

FILED APR 7 1961

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

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Beo. C. Kealhofer, Medical Certification

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY INDEPENDENCE									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 days		c. CITY OR TOWN BATESVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION Kansas City Municipal Auditorium			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JAMES Middle PRIOR Last EVANS				4. DATE OF DEATH Month March Day 13 , Year 1961									
5. SEX Male		6. COLOR OR RACE Caucasian		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> MARRIED Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-21-1909		9. AGE (last birthday) 51		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done while retired) Insurance Salesman				10b. KIND OF BUSINESS OR INDUSTRY Owner Insurance Agency		11. BIRTHPLACE (City and state or country) Batesville, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME W. W. Evans				13b. MOTHER'S MAIDEN NAME Maggie Hodges				14. NAME OF HUSBAND OR WIFE Mrs. James Prior Evans					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. WW2				16. SOCIAL SECURITY NO. WW2		17. INFORMANT Address Mrs. James Prior Evans Batesville, Ark.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)									
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, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at: 2:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) Beo. C. Kealhofer						22b. ADDRESS 6675 Brookwood Ave			22c. DATE SIGNED 3-13-61				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-14-61		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Batesville, Arkansas		(State)					
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Address Kansas City, Missouri.				25. DATE RECD. BY LOCAL REG. 3-14-61		26. REGISTRAR'S SIGNATURE Ruth Long							

MS APR 7 1961

APR 28 1961

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

Louis Sweet

Licensed Embalmer No. 4096

P. O. Address K. C. 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.