

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36295

36295

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 22872 *22872* Registrar's No. *22872*

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before 1912; admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give town) Webb City		c. CITY (If outside corporate limits, write RURAL and give town) Jasper	
c. LENGTH OF STAY (In this place) (township) Life 2 days		d. STREET ADDRESS (If rural, give location) Rt 1 Joplin, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper Co. TB Hospital			

3. NAME OF DECEASED a. (First) WILLIAM			b. (Middle) OSCAR			c. (Last) EVANS			4. DATE OF DEATH (Month) (Day) (Year) November 4, 1953						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH February 9, 1885			9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months 8		11. IF UNDER 1 HR. Hours 25		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired				10b. KIND OF BUSINESS OR INDUSTRY Farming				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY U.S.A.			

13a. FATHER'S NAME C. W. Evans				13b. MOTHER'S MAIDEN NAME Sarah E. Yaden				14. NAME OF HUSBAND OR WIFE Crystal Evans (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orville Evans Webb City, Missouri			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH Pharynx
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov 3, 1953, to Nov 4, 1953, that I last saw the deceased alive on Nov 3, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. H. Roney, M.D.			23b. ADDRESS Webb City, Mo			23c. DATE SIGNED Nov 4, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-6-1953		24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri			
DATE REC'D BY LOCAL REG. 11-6-'53		REGISTRAR'S SIGNATURE Mrs. Madeline Sinter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 9 1953

Jasper County Health Office

County File Number 53-11-901

Date Filed NOV 9 1953

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 _____
Student Embalmer

Signed Leona J. Lewis Jr

Licensed Embalmer No. 4561

P. O. Address Wills 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 this body is not embalmed, fact should be so stated above.