

**STATE OF COLORADO
CERTIFICATE OF DEATH**

(PHYSICIAN OR CORONER)

STATE FILE NUMBER

DECEASED NAME William L. EVANS		SEX Male	DATE OF DEATH MONTH DAY YEAR November 30, 1983
RACE White	ORIGIN OF DESCENT Amer.	AGE LAST BIRTHDAY 64	DATE OF BIRTH MONTH DAY YEAR Mar. 25, 1919
CITY, TOWN OR LOCATION OF DEATH Grand Junction		HOSPITAL OR OTHER INSTITUTION St. Mary Hospital	MODE OF DEATH inpatient
STATE OF BIRTH Texas	CITIZEN OF ANOTHER COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED married	SURVIVING SPOUSE FULL NAME Melba A. Lee
SOCIAL SECURITY NUMBER 703 07 4574		USUAL OCCUPATION ret. owner-operator	KIND OF BUSINESS OR INDUSTRY Gasoline Service Station
RESIDENCE STATE Colorado	COUNTY Mesa	CITY, TOWN OR LOCATION Grand Junction	STREET AND NUMBER 312 Pine St.
FATHER NAME William L. Evans, Sr.		MOTHER NAME Ethel Stoval	
NEAREST RELATIVE Melba A. Evans		RESIDENCE ADDRESS wife 312 Pine Street, Grand Junction, CO. 81503	
DISPOSITION RITUAL CREMATION REMOVAL Burial	DATE MONTH DAY YEAR 12/3/83	CEMETERY OF CREMATION NAME AND LOCATION Orchard Mesa Cemetery, Grand Junction, Colorado	
FUNERAL DIRECTOR William Hennigan 824		NAME AND ADDRESS OF FUNERAL HOME 26 Martin Mortuary, 550 North Ave. Grand Junction, CO. 81501	
PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT 11:05 PM ON THE DATE AND PLACE STATED David M. West, M.D.		CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT _____ ON THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	
DATE SIGNED MONTH DAY YEAR December 1, 1983		PRONOUNCED DEAD MONTH DAY YEAR	
NAME AND ADDRESS OF CERTIFIER David M. West M.D. 729 Bookcliff Ave. Grand Junction Colorado 81501			
REGISTRAR Judy Ravan, Deputy		DATE RECEIVED BY REGISTRAR MONTH DAY YEAR December 2, 1983	
CAUSE OF DEATH	PART I IMMEDIATE CAUSE Lung Cancer		
	1a) DUE TO OR AS A CONSEQUENCE OF		
	1b) DUE TO OR AS A CONSEQUENCE OF		
PART II OTHER SIGNIFICANT CONDITIONS Chronic obstructive pulmonary disease		AUTOPSY no	WAS CASE REFERRED TO CORONER no
ACCIDENT SUICIDE HOMICIDE UNDETERMINED, PENDING INVESTIGATION		DATE AND HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK	PLACE OF INJURY	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE

STATE OF COLORADO
CITY OF GRAND JUNCTION
COUNTY OF MESA

THIS DOCUMENT NOT OFFICIAL
WITHOUT RAISED SEAL

I, Kenneth J. Lampert, M.D., Local Registrar of Vital Statistics for the City of Grand Junction and County of Mesa, Colorado, do hereby certify that the above is a true, full, and correct copy of the certificate in my custody, and now on file in my office.

Witness my hand and seal at Grand Junction, and said State, this 2nd day of December A.D., 1983.

KJ Lampert MD

LOCAL REGISTRAR OF VITAL STATISTICS