

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32648**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1216

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dugar Creek</u>	
c. LENGTH OF STAY (in this place) <u>24 21 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0481</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>		d. STREET ADDRESS (If rural, give location) <u>121 Do High St</u>	

3. NAME OF DECEASED a. (First) <u>Ida</u> b. (Middle) <u>C.</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 31-1880</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>	IF UNDER 1 WEEK Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Henry Fritz</u>		13b. MOTHER'S MAIDEN NAME <u>Clotilde Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Evans</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Emma Farmer 121 Do High St. Dugar Creek Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>8/14-1945</u>  <u>331X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage with rgt spastic paralysis</u>		
	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 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) (Min)		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 1, 1950, to Oct 27, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Forrest Thomas M.D.</u> (Degree or title)		23b. ADDRESS <u>St Joseph Mo 70 State Hosp no 2</u>		23c. DATE SIGNED <u>10/27 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/28/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Independence, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Oct 30, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo W. Brown Funeral Home Independence</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed *John M. Keimer*  
Student Embalmer No. ....  
Licensed Embalmer No. *4904*  
P. O. Address *Independence, 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.

*30/25/31* *1931*

*John M. Keimer*  
*Independence, Mo.*  
*30/25/31*