

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33499**
4250

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|---|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 4250 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 17 months | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital | | | | d. STREET ADDRESS (If rural, give location) 3423 Campbell. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Byrdell | | | b. (Middle) | | | c. (Last) Evans | |
| 4. DATE OF DEATH (Month) (Day) (Year) October 7, 1950 | | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH March 23, 1877 | |
| 9. AGE (In years last birthday) 73 | | IF UNDER 1 YEAR Months Days | | IF UNDER 4 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Manager | | 10b. KIND OF BUSINESS OR INDUSTRY Evans Hotel | | 11. BIRTHPLACE (State or foreign country) Knox County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Garrison Funk | | | 13b. MOTHER'S MAIDEN NAME Anna A. Smith | | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Allie West, Winston, Mo. | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Larynx 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 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 10/28 , 19 49 , to 10/7 , 19 50 , that I last saw the deceased alive on 10/7 , 19 50 , and that death occurred at 6:07 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Ira H. Lockwood (Degree or title) M.D. | | | | 23b. ADDRESS 830 Angelle Bldg. P. Mo. | | 23c. DATE SIGNED 10/9/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burials | | 24b. DATE 10-9-50 | | 24c. NAME OF CEMETERY OR CREMATORY Maple Hill | | 24d. LOCATION (City, town, or county) (State) Kansas City Kansas | |
| DATE REC'D BY LOCAL REG. 10-9-50 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home, K.C.K. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed H. Simmons

Licensed Embalmer No. 3903

P. O. Address Kansas City, Kan.

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.