

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26902**  
**3473**

FILED AUG 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		d. STREET ADDRESS (If rural, give location) <b>2023 Benton</b>	

3. NAME OF DECEASED (Type or Print) **Corea**  
a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) **Evans**

4. DATE OF DEATH (Month) (Day) (Year) **August 11, 1951**

5. SEX **Female** 3 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 7

8. DATE OF BIRTH **April 14 1902** 9. AGE (In years last birthday) **49**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **Kansas**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Henry Fitzgerald** 13b. MOTHER'S MAIDEN NAME **Mary Berry** 14. NAME OF HUSBAND OR WIFE **Harry Evans**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **No** 17. INFORMANT'S SIGNATURE OR NAME **Cleo Johnson** ADDRESS **1025 Harrison**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Undetermined**

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

ANTECEDENT CAUSES

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

Due to (b) **Arteriosclerotic heart disease with congestive failure**

Due to (c) **Diabetes mellitus**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **Spontaneous collapse of right lung**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 7-10, 1951, to 8-11, 1951; that I last saw the deceased alive on 8-11, 1951, and that death occurred at 8:55a m., from the causes and on the date stated above.

23a. SIGNATURE **E. Frank Ellis** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **600 East 22nd Street** 23c. DATE SIGNED **8-13-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8/14/51** 24c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REGS. **8-14-51** REGISTRAR'S SIGNATURE **Sheraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Walter D. ...** ADDRESS **18th & Benton**

(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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*Bruce L. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18<sup>th</sup> & Beaton*

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.