

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31601**  
**3868**

SEP 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>15 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>3400 Charlotte</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lacy</b> b. (Middle) <b>RAYMOND</b> c. (Last) <b>Evans</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 30 52</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>DEC. 21 - 1898</b>	9. AGE (In years last birthday) <b>53</b>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (If no kind of work done during most of working life, even if retired) <b>RETIRED TREE TRIMMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PRIVATE CONTRACTORS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>COOPER COUNTY MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>WILLIAM EVANS</b>			
13b. MOTHER'S MAIDEN NAME <b>GERTRAUDE RAO</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR II</b>		16. SOCIAL SECURITY NO. <b>492-14-6203</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MEDIA YARNALL</b> ADDRESS <b>3225 GARNER AVE KANSAS CITY MO</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Recent and old myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(b) Mural endocardial thrombosis</b>			
		DUE TO (c) <b>(c) Multiple pulmonary embolism and infarction.</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>(d) acute coronary thrombosis</b>			<b>4201</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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 Aug. 22, 1952, to Aug. 30, 1952, that I last saw the deceased  alive on Aug. 30, 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>24th &amp; Cherry Sts.</b>		23c. DATE SIGNED <b>8/31/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>SEPT. 2 - 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.H. Newcomer</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO</b>			
DATE REC'D BY LOCAL REG. <b>9-2-52</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>			

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

*in line*

**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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address The Gate

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.