S. No. 300
v. 10.48

FILED NOV 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39067

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 158 PRIMARY REG. DIST. NO. 5572 Registrar's No. 192

0480

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Prairie Twp
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jackson Co Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Prairie Twp 0480
d. STREET ADDRESS (If rural, give location) Rhinehart Road

3. NAME OF DECEASED (Type or Print)
a. (First) Silas
b. (Middle) Samuel
c. (Last) Evans

4. DATE OF DEATH (Month) (Day) (Year) 10-22-52

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 5-11-1871
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and State or Foreign Country) Camden Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Wm H. Evans — ADDRESS Lee's Summit 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) Fracture Pelvis & L hip — 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) E812 4 25

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 50
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Jackson 048 (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-13-52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Struck by a car — one car involved

22. *I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at ..... m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Burgh H. Owens Coroner
23b. ADDRESS 1036 Rialto Bldg
23c. DATE SIGNED 10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-25-52
24c. NAME OF CEMETERY OR CREMATORY Macks Creek
24d. LOCATION (City, town, or county) Macks Creek (State) Mo

DATE REC'D BY LOCAL REG. Oct. 24, 1952
REGISTRAR'S SIGNATURE Donald C. Earnshaw 5 7871
25. FUNERAL DIRECTOR'S SIGNATURE N B Langsford — ADDRESS Lee's Summit Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1962

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 [signature]

Licensed Embalmer No. 3835

P. O. Address Lee's Summit

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.