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FILED JUN 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18012

2638

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. (002 Registrar's No. 2638)		
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 town or township) Kansas City		c. LENGTH OF STAY (In this place) 454 1/2	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		OR TOWN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital #2 2428			d. STREET ADDRESS (If rural, give location) 2424 Campbell Avenue			
3. NAME OF DECEASED (Type or Print) Ollie		a. (First)	b. (Middle)	c. (Last) 2428 Evans	4. DATE OF DEATH (Month) (Day) (Year) 5 20 1953	
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar 1	8. DATE OF BIRTH Oct 26 1898	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing House Armour		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Brunswick Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Claborn Evans		13b. MOTHER'S MAIDEN NAME Anna Morehead	13c. NAME OF HUSBAND OR WIFE Virginia Evans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lee Evans 2320 Campbell			
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriolar nephrosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 HX
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) m.		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 5-11-53, 19__, to 5-20-53, 19__, that I last saw the deceased alive on 5-20-53, 19__, and that death occurred at 5:55 a.m., from the causes and on the date stated above.						
23a. SIGNATURE E. Frank Ellis			23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 5-22-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-23-53	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem.	24d. LOCATION (City, town, or county) Kansas City		(State) Mo	
DATE REC'D BY LOCAL REG. 5-23-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Bros. F. Home		

(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 *C. Kenneth Hurd*

Licensed Embalmer No. 2437

P.O. Address *9 E. 11th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.