

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18013**  
**2305**

S. No. 300  
v. 10.48

FILED MAY 21 1953

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

1. PLACE OF DEATH a. COUNTY <b>DEWINE BROS. FOUNDATION HOSPITAL</b> <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 OR TOWN <b>SUGAR CREEK</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 WEEK</b>		e. STREET ADDRESS (If rural, give location) <b>11213 FELTON 7000</b>	
d. FULL NAME OF DEWINE BROS. FOUNDATION HOSPITAL (Institution) HOSPITAL OR INSTITUTION <b>918 Oak, K.C. Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Evinger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 2 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>OCT. 13, 1984</b>	9. AGE (In years last birthday) <b>68</b>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours	if UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED STEELMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>STANDARD OIL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PRAIRIE CENTER, KAS.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US IT</b>
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13a. FATHER'S NAME <b>Geo. W. EVINGER</b>	13b. MOTHER'S MAIDEN NAME <b>DORA SHREVE</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Lottie Evinger</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lottie Evinger Sugar Creek, Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH  <b>5 1/2</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremic Poisoning</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Interstitial Nephritis</b> 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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Apr. 25, 1953, to May 2, 1953, that I last saw the deceased alive on MAY 2, 1953 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>G. M. Jaquiss</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>918 Oak Kansas City Mo</b>	23c. DATE SIGNED <b>5/4/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>5/4/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PLEASANT VALLEY</b>	24d. LOCATION (City, town, or county) (State) <b>STANLEY, KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>5-4-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Conran</b> ADDRESS <b>Indef. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed *Richard R. Francis*

Licensed Embalmer No. *4863*

P. O. Address *Indef. Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.