

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

25330

State File No. \_\_\_\_\_

FILED AUG 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Jackson County Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K. C. Missouri</u>	c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri</u> <u>2548</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>2115 Linwood</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Williams</u> b. (Middle) <u>M</u> c. (Last) <u>Evans</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>21</u> <u>53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-29-1882</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>70</u> <u>8</u> <u>21</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Water Dept City</u>	11. BIRTHPLACE (State or foreign country) <u>Cincinnati, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie L Evans Wife</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-03-3501</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hattie L. Evans, 2115 Linwood, K.C., Mo.</u>
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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 <u>1 wk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Dilatation pyloritis</u>		
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 <u>6000</u>	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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Blinnegren, M.D.</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>23 July 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>	24b. DATE <u>July 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newcomer's</u>	24d. LOCATION (City, town, or county) (State) <u>Paseo Blvd K. C. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-27-53</u>	REGISTRAR'S SIGNATURE <u>W. Blinnegren</u> <u>483</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Blinnegren, 1331 Bush Creek Kansas City, Missouri</u>
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(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 Robert Ray.....

Licensed Embalmer No. 4182.....

P. O. Address Kansas City.....

**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.