

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45057

State File No. ....

FILED JAN 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6181

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kura 1 - Post Oak T.S.</u>	
c. LENGTH OF STAY (If this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 1 - Beeton, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Basil</u> b. (Middle) <u>Roy</u> c. (Last) <u>Evans</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1953</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>June-29, 1894</u>	9. AGE (In years: last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Levi Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ross</u>	14. NAME OF HUSBAND OR WIFE <u>Haidee Evans, Beeton, Mo.</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>Yes World War # 1</u>	16. SOCIAL SECURITY NO. <u>491-32-3984</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Haidee Evans, Beeton, Mo.</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min or less</u>  <u>Unknown</u>
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Femoral and External iliac phlebo-</u> DUE TO (c) <u>Thrombosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death not related to the disease or condition causing death.			<u>610K</u>

19a. DATE OF OPERATION <u>12-24-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostate Hypertrophy</u>	20. AUTOPSY? YES <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 12-24, 1953 to 12-31, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. F. Jarvis</u>	(Degree or title)	23b. ADDRESS <u>W.D. Kansas City, Mo.</u>	23c. DATE SIGNED <u>12-31-53</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>1-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-4-54</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Bvanninge</u>	ADDRESS <u>Warrensburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1955

FEB 18 1954

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 W. B. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.