

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9068

State File No. 30

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p align="center">Rural Prairie Township</p>		c. CITY (If outside corporate limits, write RURAL and give township) <p align="center">Lone Jack</p>	
c. LENGTH OF STAY (In this place) <p align="center">7 mo, 20 da</p>		d. STREET ADDRESS (If rural, give location) <p align="center">town</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Jackson County Hospital</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Missouri</u> b. (Middle) <u>P.</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 27, 1954</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb. 3, 1863</u>		9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR Months <u>24</u> IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Little Blue, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James Carlew</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Ritter</u>		14. NAME OF HUSBAND OR WIFE <u>Will Evans (Deceased)</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bell Alexandria Lone Jack</u>		ADDRESS <u>Mo. Lone Jack</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		DUE TO (b) _____				7 hours	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 7/6/1953, to 2/27, 1954, that I last saw the deceased alive on 2/27, 1954, and that death occurred at 9:23A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Langford M.D.</u>		23b. ADDRESS <u>John City Hospital</u>		23c. DATE SIGNED <u>3-1-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 1, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>3-1-54</u>		REGISTRAR'S SIGNATURE <u>W. B. Langford 483</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Langford Lee's Summit</u>		ADDRESS <u>Lee's Summit</u>	
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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 _____

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working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

B. J. Lindley

Licensed Embalmer No.

4822

P. O. Address

Deep 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.