

STANDARD CERTIFICATE OF DEATH

State File No. 10000
2180

0.48

FILED JUN 3 1954

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

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>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>6 YRS.</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3521 JACKSON AVENUE</u>			

3. NAME OF DECEASED (Type or Print) <u>FLORENCE</u>	a. (First) _____ b. (Middle) <u>A</u> c. (Last) <u>EVANS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13, 1954</u>	e. STREET ADDRESS <u>3521 JACKSON AVENUE</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT-11-1869</u>
9. AGE (In years last birthday) <u>84</u>	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 1 HR.: Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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>AT HOME</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>CAMERON, MISSOURI</u>		14. NAME OF HUSBAND OR WIFE _____	

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME _____	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MR. LAUREL H. HOOVER, 3521 JACKSON AVE. K.C., Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Senility</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 or 5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>443X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Nov 18, 1953, to May 13, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. D. Ramey, D.O.</u>	23b. ADDRESS <u>3210 E 11 KC Mo 5-14-54</u>	23c. DATE SIGNED <u>5-14-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomb's Sons</u>
DATE REC'D BY LOCAL REG. <u>5-14-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	ADDRESS <u>1351 BRUSH CREEK KANSAS CITY, MO.</u>

(Licensed Embelmer's Statement on Reverse Side)

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

