

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

**18959**

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

**2471**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (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>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General #2</u>		e. STREET ADDRESS (If rural, give location) <u>3317 E. 22nd</u>	<u>322 1/2</u>

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Evelyn</u>	b. (Middle)	c. (Last) <u>Hawthorne</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
				<u>5 28 54</u>

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 10-1891</u>	<b>9. AGE</b> (In years last birthday) <u>62</u>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Koch Bros. Bag Co.</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Cass County, Texas</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>John Jackson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>M. Elizabeth Barbour</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>James Hawthorne</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	<b>16. SOCIAL SECURITY NO.</b> <u>513-16-3310</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Margie Pierce-2003 Hallock</u>	<b>ADDRESS</b> <u>K.C.K.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>153X</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Prolonged intestinal obstruction with papillary carcinoma of ascending colon</u>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Dilatation of cecum and localized peritonitis			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 4-2-, 1954, to 5-28, 1954, that I last saw the deceased alive on 5-28-54, and that death occurred at 4:00A.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>E. Frank Miller</u>	<b>23b. ADDRESS</b> <u>600 E. 22nd</u>	<b>23c. DATE SIGNED</b> <u>5-28-54</u>
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<b>24a. BURIAL, CREMATION, OR REMOVAL</b> (Specify)	<b>24b. DATE</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State)
<u>Removal</u>	<u>6-2-54</u>	<u>Woodlawn Cemetery</u>	<u>Kansas City, Kansas</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>6-2-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Heraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>N.W. Thatcher</u>	<b>ADDRESS</b> <u>Kansas City Kans.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

FILED JUL 12 1954

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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: *Clifford J Woods*  
Licensed Embalmer No. 3100

P. O. Address 1520 1/2

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.