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FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43282**
6019

BIRTH NO. 152587349-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN Kansas City	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 General Hospital No. 1		No. STREET ADDRESS (If rural, give location) 3248 24 3510 E. 12	

3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) Evans		c. (Last) Evans		4. DATE OF DEATH (Month) (Day) (Year) 12 14 1954	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 12-14-1954	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 25	IF UNDER 24 HRS. Hours 1 Min. 25
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Jack Evans		13b. MOTHER'S MAIDEN NAME Florence L. Hanks		14. NAME OF HUSBAND OR WIFE none			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Jack Evans		ADDRESS 3510 E. 12th.	
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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) Prematurity					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, 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) 					
		DUE TO (c) 					
		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 				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) (Min.) 		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 Dec. 14, 1954, to Dec. 14, 1954, that I last saw the deceased alive on Dec. 14, 1954, and that death occurred at 10:25A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns		(Degree or title) 		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 12-15-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) 		24b. DATE 1-14-55		24c. NAME OF CEMETERY OR CREMATORY 		24d. LOCATION (City, town, or county) (State) Kansas City, MO	
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DATE REC'D BY LOCAL REG. 1-13-55		REGISTRAR'S SIGNATURE new minshall		25. FUNERAL DIRECTOR'S SIGNATURE Wm A. Johnson R.C. MO		ADDRESS 	
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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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Wm. A. Robinson

Licensed Embalmer No. 308

P. O. Address N.C.M.

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.