

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4765

State File No. ....

FILED MAR 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 826

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b> |  | c. LENGTH OF STAY (in this place) <b>30 yrs</b>   | 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 <b>1216 Garfield</b>                        |  | STREET ADDRESS (If rural, give location) <b>1216 Garfield</b>   |   |

|   |                        |                        |   |
|---|------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Clenon</b> | b. (Middle) <b>Sam</b> | c. (Last) <b>Evans</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 21, 1955</b> |
|---|------------------------|------------------------|---|

|                    |                               |   |                                       |  |                        |                       |       |      |
|--------------------|-------------------------------|---|---------------------------------------|--|------------------------|-----------------------|-------|------|
| 5. SEX <b>male</b> | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b> | 8. DATE OF BIRTH <b>Sept. 1, 1902</b> | 9. AGE (In years) (Month) (Day) (Year) <b>52</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|--|------------------------|-----------------------|-------|------|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>maintenance man</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Brace Motor Co.</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Oklahoma City, Oklahoma</b> | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |
|--|--|---|--|

|                                     |   |   |
|-------------------------------------|---|---|
| 13a. FATHER'S NAME <b>Joe Evans</b> | 13b. MOTHER'S MAIDEN NAME <b>Virginia Smith</b> | 14. NAME OF HUSBAND OR WIFE <b>Buelah Evans</b> |
|-------------------------------------|---|---|

|   |  |   |                              |
|---|--|---|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. <b>510-05-0124</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Buelah Evans</b> | ADDRESS <b>1216 Garfield</b> |
|---|--|---|------------------------------|

|   |   |              |                                  |
|---|---|--------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |              | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Regurgitation</b>  |              | <b>?</b>                         |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b> |              | <b>2</b>                         |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | <b>42-10</b> |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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)<br><b>KC Jackson Mo</b> |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 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 12/31/54, to 2/21/55, that I last saw the deceased alive on 1/26, 1955, and that death occurred at A.m., from the causes and on the date stated above.

|                                    |                   |                                |                                 |
|------------------------------------|-------------------|--------------------------------|---------------------------------|
| 23a. SIGNATURE <b>L. W. Turner</b> | (Degree or title) | 23b. ADDRESS <b>1612 E. 12</b> | 23c. DATE SIGNED <b>2/22/55</b> |
|------------------------------------|-------------------|--------------------------------|---------------------------------|

|   |                                |   |   |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>Feb. 26, 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b> |
|---|--------------------------------|---|---|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| DATE REC'D BY LOCAL REG <b>2-23-55</b> | REGISTRAR'S SIGNATURE <b>Neva Minshall</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Bros. Funeral Home</b> | ADDRESS <b>18th &amp; Barton</b> |
|--|--|--|----------------------------------|

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

L. W. Turner

APR 28 1912

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: *Bruce O. Watkins*

Licensed Embalmer No. *45*

P. O. Address *Jan Pen*

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.