

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4767

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 729

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>40 mo.</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4528 FOREST AVENUE</b>		STREET ADDRESS (If rural, give location) <b>4528 FOREST AVENUE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WADE</b>	b. (Middle) <b>BERTRAM</b>	c. (Last) <b>EVANS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 15 1955</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-24-1886</b>	9. AGE (In years last birthday) <b>62.68</b>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DEPUTY CLERK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>JACKSON COUNTY COJAT HOUSE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>OLATHE, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>JOHN EVANS</b>	13b. MOTHER'S MAIDEN NAME <b>VIRGINIA TODD</b>	14. NAME OF HUSBAND OR WIFE <b>DELLA F. EVANS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>496-09-1986</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DELLA F. EVANS</b>	ADDRESS <b>4528 FOREST AVE. KANSAS CITY, MO.</b>
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18. CAUSE OF DEATH 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		<b>4 yr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		<b>4 yr.</b>
DUE TO (c) _____			<b>4 yr.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity</b>			<b>4 yr.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. 1951, to Present, 19\_\_\_\_, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Quentin Cramer M.D.</b> (Degree or title)	23b. ADDRESS <b>1226 North Bluff KCMO</b>	23c. DATE SIGNED <b>2-16-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>2-17-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S.W. Newcombs Sons Kansas City Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>2-17-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcombs Sons</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *John B. Lewis*.....

Licensed Embalmer No. *487*

P. O. Address *KC Mo.*

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.