

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18629

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2154

| | | | | | | | | | |
|---|--|--|---|---|---|---|--|--|--|
| 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 (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) | | c. LENGTH OF STAY (in this place) <u>35 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. In 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>1929 Elmwood</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1929 Elmwood</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LYMAN</u> | | b. (Middle) <u>ALLEN</u> | | c. (Last) <u>EVANS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1955</u> | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Nov. 12, 1902</u> | | | |
| 9. AGE (In years last birthday) <u>52</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 4 HRS. Hours _____ Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ruby Tow</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Everett A Evans</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Hattie M Deputy</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary E Evans</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-07-3966</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary E Evans</u> ADDRESS <u>1929 Elmwood</u> | | | | | |
| 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, asthenia, 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) <u>Cerebral Hemorrhage</u> | | | | ANTECEDENT CAUSES | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) <u>Arteriosclerotic heart disease</u> | | | | | |
| DUE TO (c) | | | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | 420 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) | | | | 23b. ADDRESS <u>6627 Parkside Ave</u> | | | | 23c. DATE SIGNED <u>6-6-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6/9/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST Marys Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>6-8-55</u> | | REGISTRAR'S SIGNATURE <u>Drewa Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheil Funeral Home Kansas City Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Thomas A. Sheil*.....

Licensed Embalmer No. *495*
P. O. Address *F. C. Mc*

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.