

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40533

State File No. _____

BIRTH NO. 87374-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5698

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| 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 township) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Independence</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | |
| f. STREET ADDRESS (If rural, give location) <u>2929 Scott Ave 10611</u> | | | |

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|-------------------------------------|------------------------|------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>COROL</u> | b. (Middle) <u>ANN</u> | c. (Last) <u>EVANS</u> | <u>Dec 28, 1955</u> | | |

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|----------------------|-------------------------------|--|---------------------------------------|---|----------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>Dec. 27, 1955</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS. Months Days Hours Min. | |
| <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>1</u> |

| | | | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Ralph A. Evans</u> | 13b. MOTHER'S MAIDEN NAME <u>Virginia Heuser</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ralph A. Evans, Indep Mo.</u> | ADDRESS _____ |
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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) <u>Hyalin membrane disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>prematurity</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>5272</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" 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) _____ |
| 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 Dec 27, 1955, to Dec 28, 1955, that I last saw the deceased alive on Dec 28, 1955, and that death occurred at 6:45 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. A. Underwood</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>5100 E. 24th K.C. Mo.</u> | 23c. DATE SIGNED <u>12/29/55</u> |
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| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Cremial</u> | 24b. DATE <u>Dec 30 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mound View Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-29-55</u> | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert A. Speake</u> | ADDRESS <u>Indep. Mo.</u> |
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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 Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. Kenneth Patterson*.....

Licensed Embalmer No. *4691*.....

P. O. Address *Indy, IN*.....

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.