

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1331**

FILED JAN 25 1956

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>75</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Jackson | | b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | a. STATE Missouri | | b. COUNTY Jackson | |
| c. LENGTH OF STAY (in this place) 39 Yrs. | | 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. STREET ADDRESS (If rural, give location) 3 432 Tracy 30380 | |
| 3. NAME OF DECEASED (Type or Print) | | | | 4. DATE OF DEATH | | 5. SEX | |
| a. (First) Emma | | b. (Middle) Arma | | c. (Last) Evans | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1956 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Aug. 6, 1877 | |
| 9. AGE (In years last birthday) 78 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (City and State or Foreign Country) Monterey, Iowa | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Josiah J. Henderson | | 13b. MOTHER'S MAIDEN NAME Mary E. Lawson | | 14. NAME OF HUSBAND OR WIFE John T. Evans | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman L. Evans Muncie, Kansas | | | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion with acute myocardial Infarction | | | | 4201 | |
| | | ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/> | |
| 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 <u>Jan. 5</u> , 19 <u>56</u> , to <u>Jan. 5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 5</u> , 19 <u>56</u> , and that death occurred at <u>5.25 pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE B.I. Burns (Degree or title) D | | | | 23b. ADDRESS 24th & Cherry | | 23c. DATE SIGNED Jan. 6, 1956 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan. 9, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| DATE REC'D BY LOCAL REG 1-7-56 | | REGISTRAR'S SIGNATURE new munsell | | 25. FUNERAL DIRECTOR'S SIGNATURE C.F. Blackman & Son Inc. | | ADDRESS H.C. Mo. | |

WRITE PLAINLY—USING UNFAADING 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 *W.C. Reine*

Licensed Embalmer No. *481*

P. O. Address *K.C. 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.