

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9085**
Registrar's No. **1056**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1056</u>		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 70 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. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 43 3030 Holmes 34380				
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) FRANK c. (Last) EVANS			4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 56					
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH August 29, 1871		
9. AGE (in years last birthday) 85		10. IF UNDER 1 YEAR Days		10. IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipefitter			10b. KIND OF BUSINESS OR INDUSTRY PLUMBING			11. BIRTHPLACE (City and State or Foreign Country) Pano, Illinois		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Thomas O. Evans		13b. MOTHER'S MAIDEN NAME Catherine M. Jeff		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-09-3625		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sandy Evans 7313 Harrison				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pyelonephritis & uremia INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis of arteries of foot 4501 5 mks				
19a. DATE OF OPERATION 3/11/56		19b. MAJOR FINDINGS OF OPERATION Amputation 2nd leg				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>		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) m.		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 2:15 , 1956 , to 3:19 , 1956 , that I last saw the deceased alive on 3/9/56 , 19 , and that death occurred at 3:35 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE C. G. Leitch				23b. ADDRESS 100 MD 6010 Prof Bldg, Kenn		23c. DATE SIGNED 3/10/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-12-56		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.		
DATE REC'D BY LOCAL REG. 3-10-56		REGISTRAR'S SIGNATURE Merna Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar 1800 E. Linwood				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. C. H. Leitch
Prof Bldg - V-2-1109
4232 Holly - Va 1-7458

Blue 202M
Hopy

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.....

Licensed Embalmer No. 490

P.O. Address R.C.M.

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.