FILED JUL 12 1957

THE DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

57 021 049 7
STATE FILE NUMBER 2908

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital Length of stay in 1b 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Prairie Village Inside Limits Yes X No
d. STREET ADDRESS 7116 Roe Avenue (If outside, give location) Reside on Farm Yes No X

8150

3. NAME OF DECEASED (Type or print) First Samuel Middle Pfautz Last Evans
4. DATE OF DEATH Month June Day 20 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH July 7 1897
9. AGE (In years last birthday) 59
IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary-Treasure
10b. KIND OF BUSINESS OR INDUSTRY Mo. Valley Food Distributor
11. BIRTHPLACE (City and state or country) Lebanon, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Evans
14. MOTHER'S MAIDEN NAME Martha Pfantz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. 269-09-0305
17. INFORMANT Mrs Sarah M. Evans Address 7116 Roe Prairie Village, Ks.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral Lobar Pneumonia, Pericarditis,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Crushing injuries of chest, multiple rib fractures,
DUE TO (c) Ruptured liver, fractures of both knees. E8164
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 8164
19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT X SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Two car collision
20c. TIME OF INJURY 6-11-57 Hour a.m. p.m. *Month, Day, Year 6-11-57
051
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION Eastgate COUNTY Warrensburg STATE Johnson Mo

21. I attended the deceased from _____, to _____ and last saw he/she alive on _____
Death occurred at 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C Beard for Geo Keahlofer Deputy coroner
22b. ADDRESS 6627 Prospect K.C. Mo
22c. DATE SIGNED 6-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE June 22 1957
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Ebenezer Cemetery
23d. LOCATION (City, town, or county) Lebanon (State) Pennsylvania
24. FUNERAL DIRECTOR D.W. Newcomer Sons ADDRESS 331 Brush Creek Blvd K.C. Mo.
25. DATE RECD. BY LOCAL REG. 6-22-57
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

KP 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Chester H. Brown

Licensed Embalmer No..49

P. O. Address..Ke

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.