THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005488

STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 913

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 Menorah Hospital — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 1415 So. Crane — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First THOMAS Middle T. Last EVERS
4. DATE OF DEATH Month Day Year: Feb. 18, 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 4, 1918
9. AGE (In years at last birthday): 39 — 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): Stillman Helper
10b. KIND OF BUSINESS OR INDUSTRY: Std Oil Co.
11. BIRTHPLACE (City and state or country): Faucett, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Thomas Evers
13b. MOTHER'S MAIDEN NAME: Bertha Thorpe
14. NAME OF HUSBAND OR WIFE: Dorothy Evers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #2
16. SOCIAL SECURITY NO. 457-05-9788
17. INFORMANT: Dorothy Evers, 1415 So. Crane, Indep., Mo.

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) Hemothorax Rt., 2000 CC, Left 700 CC
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of 10th Thoracic Vertebrae
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.) Fell down Stair Well in Menorah Hosp
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 2 1958
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.) Hospital
20f. CITY, TOWN, OR LOCATION Kansas City — COUNTY Jackson — STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner
22b. ADDRESS 1034 Rialto Bldg, K. C., Mo.
22c. DATE SIGNED 2-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 21, 1958
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery
23d. LOCATION (City, town, or county) (State) Jackson County, Mo.

24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.
25. DATE RECD. BY LOCAL REG. 2-20-58
26. REGISTRAR'S SIGNATURE Nera Marshall

(Licensed Embalmer's Statement on Reverse Side)

Hugh H. Owens

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 10 1958

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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 Dean N. Huff

Licensed Embalmer No. 4914

P. O. Address Independence, 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.