

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005535  
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 514

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3217 Windsor</b>		Length of stay in lbs <b>65 yrs</b>	d. STREET ADDRESS <b>3217 Windsor</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ALFRED</b> Middle <b>GRIFFITH</b> Last <b>EVANS</b>			4. DATE OF DEATH Month <b>1</b> Day <b>23</b> Year <b>59</b>		
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-6-1891</b>	9. AGE (In years last birthday) <b>67</b>	10. FUNDER YEAR Months <b>6</b> Days <b>7</b> Hours <b>1</b> Min. <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mfg's Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ready-to-Wear</b>	11. BIRTHPLACE (City and state or country) <b>Denver, Colo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Thomas Evans</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Deal</b>		14. NAME OF HUSBAND OR WIFE <b>Billie Baker Evans</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-09-5262</b>	17. INFORMANT Address <b>Mrs. Alfred G. Evans, 3217 Windsor</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____
DUE TO (c) _____					42
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>5:55 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>Coroner</b>			22b. ADDRESS <b>1034 Pratts Blk</b>		22c. DATE SIGNED <b>1-24-59</b>
23a. BURIAL PREPARATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Wagner Funeral Home K 6 Mo</b>			25. DATE RECD. BY LOCAL REG. <b>1-27-59</b>		26. REGISTRAR'S SIGNATURE <b>neva marshall</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
-57

Doctor, coroner, etc.: must use only standard memoranda in Part I. No symptoms or signs of disease in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

MAR 18 1959



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 Alvin R. Haenschel

Licensed Embalmer No. 4159  
P. O. Address H. E. 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.