URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-010777

FILED VS APR 4 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1671 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 35 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4715 Appleton Street — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4600 Benton Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Evelyn Middle Phillips Last Ayers
4. DATE OF DEATH Month March Day 19 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Widowed
8. DATE OF BIRTH 5 Jan 1903
9. AGE (last birthday) 57
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY *****
11. BIRTHPLACE (City and state or country) Vialliant, Oklahoma
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Phillips
13b. MOTHER'S MAIDEN NAME Margaret Howard
14. NAME OF HUSBAND OR WIFE Joseph C. Ayers
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. —
17. INFORMANT Mrs. Lorene Beggs Address 4715 Appleton Street Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Colon
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with metastases
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 19, 1949 to 3-19-60 and last saw her him alive on 3/17/60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard G. Hellman
22b. ADDRESS 625 Prof Bldg
22c. DATE SIGNED 3/23/60

BY AFFIDAVIT OF Richard G. Hellman

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 22 Mar 1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR D.W. NEWCOMERS ADDRESS SONS 1331 Brushcreek Kansas City, Mo
25. DATE RECD. BY LOCAL REG. 3-22-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 4420

P. O. Address K.C. Mo

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