RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 9 1960

-60-046033

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6019

DED

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 6 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 101 E. 97th — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Ray
c. CITY OR TOWN Hardin — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Bena Middle Kay Last Evans

4. DATE OF DEATH Month Nov. Day 30 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-21-57

9. AGE (last birthday) 2 — 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)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Hardin, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert H. Evans

13b. MOTHER'S MAIDEN NAME Betty Jayne

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Robt. Evans, Address Hardin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Congenital Atrasia Oesophagus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fed with a tube in Stomach Sinus Bully

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 _____, to _____ and last saw her/him alive on _____

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) Hugh H. Owens Carmer

22b. ADDRESS 152 Union Station

22c. DATE SIGNED 12-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11-30-60

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) Hardin (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Borcherding Mortuary, Hardin, Mo

25. DATE RECD. BY LOCAL REG. 12-1-60

26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No.____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John R. Sidmo

Licensed Embalmer No. 45-

P. O. Address Hanson

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