

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31600

State File No. \_\_\_\_\_

SEP 27 1952

4040

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delora Nursing Home 622 Benton Blvd</u>		d. STREET ADDRESS (If rural, give location) <u>3716 EAST 23<sup>rd</sup> Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>JOHN</u> c. (Last) <u>EVANS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>AUG-22-1890</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>72</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-10 YEARS-TELLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BANK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LIVERPOOL ENGLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>UNKNOWN EVANS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>173-01-8814</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN EVANS</u> ADDRESS <u>3716 EAST 23<sup>RD</sup> ST. KANSAS CITY MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Tumor left kidney (Type unknown) 18 mo</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7-8-52</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis mixed, generalized 219X</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 7-27 1952 to 9-12 1952, that I last saw the deceased alive on 9-11 1952, and that death occurred at 3:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Underwood, M.D. MD6</u> (Degree or title)		23b. ADDRESS <u>4712 1/2 E. 24<sup>th</sup></u>		23c. DATE SIGNED <u>9-12-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>SEPT 13 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>9-13-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331-BRUSH BRICK BLDG. Kansas City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-00-4-36  
11/2/26  
24 St. ...

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 \_\_\_\_\_

*Chester K. Brown*

Student Embalmer No. 476

working under my personal supervision.

Student *Chester K. Brown*  
Student Embalmer

Signed *Edward M. Stoney*

Licensed Embalmer No. 4452

P. O. Address *R. C. Y. ...*

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 this body is not embalmed, fact should be so stated above.