

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27774**

FILED AUG 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 901

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution).	
a. COUNTY <b>Buchanan</b>		a. STATE <b>Kansas</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Muscotah</b>	
c. LENGTH OF STAY (In this place) <b>2 Months</b>		d. STREET ADDRESS (If rural, give location) <b>unknown</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2609 Monterey Street</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>WILLIAM</b>	b. (Middle) <b>-----</b>	c. (Last) <b>EVANS</b>	<b>August 17th, 1953</b>		

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Divorced</b>	<b>8. DATE OF BIRTH</b> <b>September 4-1886</b>	<b>9. AGE</b> (In years last birthday) <b>66 Yrs</b>	<b># UNDER 1 YEAR</b> Months _____ Days _____	<b># UNDER 1 WEEK</b> Hours _____ Mins _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Rural Route Carrier</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>U.S. Mails.</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Muscotah, Kansas</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Aaron B. Evans</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Reoy Tannyhill</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Anna Evans</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No none</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>St. Joseph, Mo.</b> <b>Mrs. Fay Roesch, 2609 Monterey, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>unknown</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Leukemia, myelogenous</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>2041</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from July 30, 1953, to August 17, 1953, that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 5:00 am., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Joseph L. Fisher M.D.</b>	<b>23b. ADDRESS</b> <b>824 Edmond St.</b>	<b>23c. DATE SIGNED</b> <b>8/18/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>Aug. 19, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Muscotah Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Muscotah, Kansas</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Aug. 20, 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Kathryn M. Allison</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Meirhaber Fleuman</b>	<b>ADDRESS</b> <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed

*Raymond W. Harcher*

Licensed Embalmer No. 4413

P. O. Address St. Joseph, Missouri.

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.