

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42883**  
**5560**  
Registrar's No. \_\_\_\_\_

FILED DEC 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MO  
b. COUNTY CLAY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY  
c. LENGTH OF STAY (in this place) 3 DAYS

c. CITY OR TOWN North K.C.  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran

e. STREET ADDRESS (If rural, give location) 305 E 28th 6001

3. NAME OF DECEASED  
a. (First) Billy b. (Middle) JEAN c. (Last) EVANS

4. DATE OF DEATH (Month) (Day) (Year) Nov. 23-53

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH JAN 15-1916

9. AGE (in years last birthday) 37  
f UNDER 1 YEAR Months Days  
g UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kearney Mo.

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME William S. Riley

13b. MOTHER'S MAIDEN NAME MELISA COURTNEY

14. NAME OF HUSBAND OR WIFE ROBERT H. EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 488-22-4590

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT H. EVANS N. K. C. MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Mesenteric Infarct - Massive

INTERVAL BETWEEN ONSET AND DEATH 4 hrs?

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Acute Intest. Obstruction

24 hrs

DUE TO (c) adhesions

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Pregnant 7-mo

5705 E

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953 to 23 Nov., 1953 that I last saw the deceased  alive on 23 Nov., 1953 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Myers (Degree or title)

23b. ADDRESS 1025 Quail Ridge

23c. DATE SIGNED 23 Nov 53

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL

24b. DATE 11/25/53

24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM

24d. LOCATION (City, town, or county) (State) KEARNEY, MO

DATE REC'D BY LOCAL REG. 11-25-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer North K.C. Mo.

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

no 475-1

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: *Glenn H. Hill*.....

Licensed Embalmer No. 4586.....

P. O. Address K.C. 16, 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.