

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4819**
Registrar's No. **697**

BIRTH NO. **13856-54** 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 Missouri b. COUNTY Lafayette | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Concordia | |
| c. LENGTH OF STAY (In this place) 8 hours | | d. STREET ADDRESS (If rural, give location) 1011 Main St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | | |
| 3. NAME OF DECEASED a. (First) James | | b. (Middle) Michel | |
| c. (Last) Evert | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1954 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH Feb. 11, 1954 |
| 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 11. BIRTHPLACE (State or foreign country) Marshall, Mo. |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

| | | |
|---|---|--|
| 13a. FATHER'S NAME James Evert | 13b. MOTHER'S MAIDEN NAME Florence Lohman | 14. NAME OF HUSBAND OR WIFE |
| 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. none | 17. INFORMANT'S SIGNATURE OR NAME Howard Borgstadt |
| | | ADDRESS Emporia Kans. |

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|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Primary Peritonitis (Blood Dyscrasia) | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | congenital | |
| DUE TO (b) | | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 576X | |

| | | |
|---|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **2-12, 1954**, to **2-13, 1954** that I last saw the deceased alive on **2-13, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|--|--|---|
| 23a. SIGNATURE Harry M. Gilkey (Degree or title) Harry M. Gilkey MD | 23b. ADDRESS 1624 Prof Bldg | 23c. DATE SIGNED |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 2-14-54 | 24c. NAME OF CEMETERY OR CREMATORY St. Paul |
| 24d. LOCATION (City, town, or county) (State) Concordia, Mo. | 25. FUNERAL DIRECTOR'S SIGNATURE E. S. James ADDRESS Concordia, Mo | |

(Licensed Embalmer's Statement on Reverse Side)

| | | | |
|---|--|--|--|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) | | DUE TO (b) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE (Degree or title) | 23b. ADDRESS | 23c. DATE SIGNED |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 2-14-54 | 24c. NAME OF CEMETERY OR CREMATORY ST. PAULS |
| 24d. LOCATION (City, town, or county) (State) CONCORDIA, Mo | 25. FUNERAL DIRECTOR'S SIGNATURE E. S. James ADDRESS Concordia Mo | |

(Licensed Embalmer's Statement on Reverse Side)

dyscrasia

214521

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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

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..... *m*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *E. S. James*

Licensed Embalmer No. *2058*

P. O. Address *Concordia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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