

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36787

State File No.

FILED DEC 1 1954

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If not the corporate limits, write RURAL and give township) <u>Small Point Twp</u>	c. LENGTH OF STAY (In this place) <u>?</u>	c. CITY OR TOWN <u>Cagleville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 7-3 mi NE of Harrisonville</u>		e. STREET ADDRESS (If rural, give location) <u>0190</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KEITH</u> b. (Middle) <u>RAYMOND</u> c. (Last) <u>EVANS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, DIVORCED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 10 1920</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during the working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY
<u>Small Business Office Vet Adm</u>		<u>Harrison Co Mo</u>	<u>USA</u>

13a. FATHER'S NAME <u>Chas C Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Etta C Eisemberger</u>	14. NAME OF HUSBAND OR WIFE <u>E. EILEEN EVANS</u>
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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>yes 1942-1945</u>	16. SOCIAL SECURITY NO. <u>Not known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Etta Evans</u>	ADDRESS <u>Cagleville Mo</u>
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18. CAUSE OF DEATH 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic shock</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>internal injuries</u> DUE TO (c) <u>automobile accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</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 (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Harrisonville Harrison Co Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 20 54 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>automobile accident</u>
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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 5:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard J. Jander (Coroner)</u>	(Degree or title) <u>2</u>	23b. ADDRESS <u>2 Pleasant Hill Mo</u>	23c. DATE SIGNED <u>11/20/54</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>Nov 23 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cagleville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov 22, 1954</u>	REGISTRAR'S SIGNATURE <u>Dorcas Barward</u>	457-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pennumburgis</u>	ADDRESS <u>Harrisonville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 4 1955

MAR 4 1955

APR 8 1955

JAN 31 1955

RECEIVED
NOV 29 1954
HEALTH DEPARTMENT

DEC 10 1954

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 *James R. Phillips*

Licensed Embalmer No. 46
P. O. Address... *Harrison*

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.