

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13235

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 602 Registrar's No. 1577

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City		c. CITY OR TOWN Belton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 week</u>		STREET ADDRESS (If rural, give location) 405 Commercial Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Frederick	c. (Last) Evans	4. DATE OF DEATH (Month) 4 (Day) 17 (Year) 56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 29 1876	9. AGE (to years last birthday) 80	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 most of working life, even if retired) Farm Manager	10b. KIND OF BUSINESS OR INDUSTRY Beef Cattle	11. BIRTHPLACE (City and State or Foreign Country) Raymore, Missouri	12. COUNTRY OF WHAT CITIZENRY? U.S.A.
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13a. FATHER'S NAME William N. Evans	13b. MOTHER'S MAIDEN NAME Mary E. Yost	14. NAME OF HUSBAND OR WIFE Mollie Evans
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give branch) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-36-6387	17. INFORMANT'S SIGNATURE OR NAME Mollie Evans, Belton, Missouri	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency		7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostatic Pneumonia DUE TO (c) Metastatic Carcinoma from prostate gland		177x
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from Apr 9 1956, to 4-17 1956, that I last saw the deceased alive on 4-17 1956, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE Sam D. Hooper (Degree or title) M.D.	23b. ADDRESS Grandview, Missouri	23c. DATE SIGNED 4-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-19-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24d. LOCATION (City, town, or county) (State) Hickman Mills, Missouri
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DATE REC'D BY LOCAL REG. 4-18-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE E.K. George & Sons Inc, Belton, Mo. Stirling E. Goddard	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

801-55-88

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 *Sterling E. Sadar*

Licensed Embalmer No. *4971*

P. O. Address *Grandview*

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.