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Doctor, coroner, etc. must use only standard nomenclature ... Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James H. O'Neill

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 2 - 1957

8655

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1280

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital give location) St. Mary's Hospital — Length of stay in 1b 21 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 4737 Holly Street — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First Esther Middle E Last Evans

4. DATE OF DEATH Month Day Year March 17, 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Jan-18, 1914

9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR Months Days — IF 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 country) Lindsborg Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME C. F. Erickson

14. MOTHER'S MAIDEN NAME Emma ~~Carlson~~ Garanson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. none

17. INFORMANT Husb- Mr. John Evans — Address 4737 Holly K.C., Mo-

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

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonary embolism	10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Postoperative abdominoperineal	9 days
DUE TO (c)	resection of rectal carcinoma	6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 154 X

19. WAS AUTOPSY PERFORMED? YES ✓ NO ☐

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1, 1957 to Mar 17, 1957 and last saw her alive on Mar 17, 1957
Death occurred at 11:25 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James H O'Neil (Degree or title) M D.

22b. ADDRESS 425 E 63rd St

22c. DATE SIGNED 3-18-57

23a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) Removal

23b. DATE 3-19-57

23c. NAME OF CEMETERY OR ~~CREMATORY~~ Lindsborg Cemetery

23d. LOCATION (City, town, or county) (State) Lindsborg, Kansas

24. FUNERAL DIRECTOR D.W. Newcomer's Sons — ADDRESS 1331 Brush Creek K.C., Mo-

25. DATE RECD. BY LOCAL REG. 3-19.57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 49

P. O. Address Indepe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.