

Health,
& Welfare
S. Public
th Service

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40319
STATE FILE NUMBER
5300
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) <u>2739 Van Brunt</u>			Length of stay in lb <u>12 years</u>		d. STREET ADDRESS (If outside, give location) <u>2739 Van Brunt</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>Travis</u> Last <u>Evans</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>10</u> Year <u>1957</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 7, 1894</u>		9. AGE (In years last birthday) <u>63</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>		11. BIRTHPLACE (City and state or country) <u>Jamestown, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Jessie W. Evans</u>				13b. MOTHER'S MAIDEN NAME <u>Diana Delk</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Evans</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no. [town]) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>512-10-2909</u>		17. INFORMANT <u>Mildred Evans, H. C. Moore</u>		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Valley Falls, Kansas</u>		COUNTY		STATE					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Hugh H. Owens, Coroner</u>				22b. ADDRESS <u>1034 Prairie Bldg.</u>				22c. DATE SIGNED <u>11-10-57</u>			
23a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		23b. DATE <u>11-10-57</u>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) <u>Valley Falls, Kansas</u>		(State)			
24. FUNERAL DIRECTOR <u>Nagge Mortuary, Valley Falls, Kansas</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-11-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John R. Sidmo*
Licensed Embalmer No. *4531*
P. O. Address *Kansas City, 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.