

STANDARD CERTIFICATE OF DEATH

44338  
STATE FILE NUMBER  
8515

FILED DEC 30 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5815

S. 300  
v. 1-57

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) HOSPITAL OR INSTITUTION <u>2617 E. 9th</u>			Length of stay in lb <u>19 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>2617 E. 9th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas J. Evans</u>				4. DATE OF DEATH Month Day Year <u>12 - 9 - 57</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 checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug-17-1878</u>		9. AGE (In years less birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Cool</u>		11. BIRTHPLACE (City and state or country) <u>Berlin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph Evans</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Evans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>495-073574</u>		17. INFORMANT Address <u>2617 E. 9th</u> <u>15. E. Mo.</u> <u>Mrs. Mary Helen</u>				
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>VENTRICULAR FIBRILLATION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL DECOMPENSATION</u>							<u>48 hrs.</u>		
DUE TO (c) <u>PULMONARY FIBROSIS</u>							<u>?</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5251</u>							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 Month, Day, Year 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		COUNTY		STATE	
21. I attended the deceased from <u>Aug. 15, 1957</u> to <u>Dec. 9, 1957</u> and last saw <u>him</u> alive on <u>Dec. 5, 1957</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>R. L. Edwards, M.D.</u> (Degree or title)				22b. ADDRESS <u>2510 E. Viviano Rd</u> <u>Kansas City 16, Mo.</u>			22c. DATE SIGNED <u>12/9/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-11-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		(State)		
24. FUNERAL DIRECTOR <u>C. H. Blackman &amp; Son Inc.</u> ADDRESS <u>K.C. Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>12-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>				

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.

R. L. Edwards, Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 ..... *W. C. Perrine*

Licensed Embalmer No. *4879*

P. O. Address *A. C. M.*

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.