

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013722

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2050 STATE FILE NUMBER

FILED MAY 8 1961

1. PLACE OF DEATH: a. COUNTY Jackson b. CITY OR TOWN Warrensburg Length of stay in lb 15 YEARS c. CITY OR TOWN Warrensburg Inside Limits Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. Inside Limits Yes No e. STREET ADDRESS 2425 College (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Jackson c. CITY OR TOWN Warrensburg Inside Limits Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. Inside Limits Yes No e. STREET ADDRESS 2425 College (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First William Middle Thomas Last Evans 4. DATE OF DEATH Month 4 Day 23 Year 61

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-8-1874 9. AGE (last birthday) 86 YEARS IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD 10b. KIND OF BUSINESS OR INDUSTRY MO PAC. RAILROAD 11. BIRTHPLACE (City and state or country) ILLINOIS 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME WILLIAM THOMAS EVANS 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE MINNIE EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT Address MINNIE EVANS, 5921 LAWN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) Wound, postoperative Jewett-Thompson PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Left Hip

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

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 4-21-1961 to 4-23-1961 and last saw him alive on 4-23-1961 Death occurred at 8:25A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Frank Ellis (Degree or title) _____ 22b. ADDRESS 2400 Cherry St. 22c. DATE SIGNED 4/23/61

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) BURIAL 23b. DATE April 27, 1961 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY 23d. LOCATION (City, town, or county) KANSAS CITY, MO. (State)

24. FUNERAL DIRECTOR MUEHLEBACH ADDRESS 6800 TROOST 25. DATE RECD. BY LOCAL REG. 4-25-61 26. REGISTRAR'S SIGNATURE Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. 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.