

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032836

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4428

STATE FILE NUMBER

FILED SEP 20 1961

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City, Missouri</b>         |  | Length of stay in 1b<br><b>8 yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>1908 E. 57th. St.</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Kathryn</b> Middle <b>C.</b> Last <b>Evans</b> |  |  | 4. DATE OF DEATH<br>Month <b>September</b> Day <b>4</b> Year <b>1961</b> |  |  |  |
|--|--|--|--|--|--|--|

|                         |                                  |   |                                      |                                     |                           |                        |                         |                        |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---------------------------|------------------------|-------------------------|------------------------|
| 5. SEX<br><b>female</b> | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7-25-1887</b> | 9. AGE (last birthday)<br><b>74</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HR<br>Days | IF UNDER 24 HR<br>Hours | IF UNDER 24 HR<br>Min. |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---------------------------|------------------------|-------------------------|------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>employee</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Southwestern Bell</b> | 11. BIRTHPLACE (City and state or country)<br><b>Chillicothe, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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|---|--|--|
| 13a. FATHER'S NAME<br><b>Cornelius Carr</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Catherine Curran</b> | 14. NAME OF HUSBAND OR WIFE<br><b>William Harrison Evans</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | Y NO. | 17. INFORMANT<br><b>Mrs. Mary A. Sheen-1908 E. 57th. St.</b> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 days</b> |
| IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>   |  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>Cerebral Arterio Sclerosis</b> |   |
|  | DUE TO (c)                                   |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 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.) |  |
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|   |  |  |  |        |       |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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<br><b>Chillicothe, Missouri</b> | COUNTY | STATE |
|---|--|--|--|--------|-------|

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| 21. I attended the deceased from <b>8-10-61</b> , to <b>9/4/61</b> and last saw her alive on <b>9/4/61</b><br>Death occurred at <b>6 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |
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|   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| 22a. SIGNATURE<br><b>Braham J. Geha</b> (Degree, title) | 22b. ADDRESS<br><b>751 E 63rd St</b> | 22c. DATE SIGNED<br><b>9/5/61</b> |
|---|--------------------------------------|-----------------------------------|

|   |                            |  |   |   |
|---|----------------------------|--|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b> | 23b. DATE<br><b>9-4-61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Chillicothe, Missouri</b> | 23d. LOCATION (City, town, or county)<br><b>Chillicothe, Missouri</b> | 23e. REGISTRAR'S SIGNATURE<br><b>Keith Long</b> |
|---|----------------------------|--|---|---|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br><b>Mellody-McGilley-Eylar</b> | ADDRESS<br><b>1800 E. Linwood</b> | 25. DATE RECD. BY LOCAL REG.<br><b>9-6-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Keith Long</b> |
|---|-----------------------------------|---|--|

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Braham J. Geha

Beaker  
to desk  
Dr. Jane M. G.  
930 St. 47<sup>th</sup>

Ins - 1 - 4.30 pm.

**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 James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address N.C. 2710

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.