

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015198

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1986

1986

FILED APR 20 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> | | Length of stay in 1b <u>2 1/2 weeks</u> | c. CITY OR TOWN <u>LEAWOOD</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>St. Lukes Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>9804 ENSLEY LANE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph BARRETT EVANS</u> | | | 4. DATE OF DEATH Month Day Year <u>4 - 9 1962</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>C. ACN</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-31-1921</u> |
| 9. AGE (last birthday) <u>40</u> | | 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) <u>Home Builder</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u> | 11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>HERBERT K. EVANS</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Merle BARRETT</u> | | 14. NAME OF HUSBAND OR WIFE <u>Guida A. EVANS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>yes W.W. II</u> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <u>3 Mrs Guida EVANS</u> | | Address <u>9804 ENSLEY LANE</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Tumor - (Metastatic)</u> DUE TO (b) <u>Wilms Tumor - lung</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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. 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 | COUNTY | STATE |
| 21. I attended the deceased from <u>1961-1962</u> and last saw her/him alive on _____ Death occurred <u>St Lukes Hosp.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>J. H. Carmichael M.D.</u> | | 22b. ADDRESS <u>Medical Plaza Bldg</u> | 22c. DATE SIGNED <u>10 Apr.</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>4-12-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u> |
| 24. FUNERAL DIRECTOR <u>Muehlebach</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-10-62</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |

MAY 4 1962

Dr Francis Carmichael

4320 Wornall

1:30 - 4:30

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 Alfred H. Hammons, Student Embalmer No. 646

working under my personal supervision.

Student Alfred H. Hammons Signed R.E. Nichols
Signature of Student Embalmer

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.