

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3442**

Registration District No. **561**

Primary Registration District No. **5756**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Lee Albet Everetts

8. (b) If veteran, name war no 8. (c) Social Security No. no 709-07-9546

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Everetts 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb. 14 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R. R. Employ

11. Industry or business _____

MOTHER FATHER
12. Name UNKNOWN
18. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Everetts

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 1-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 1/21/41 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 5 1940 to January 5 1940
that I last saw him alive on January 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration ?

Due to Coronary Artery Sclerosis
Due to _____

Other conditions (include pregnancy within 3 months of death) 94 W

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 495

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. F. Allee (M. D. or other) W. F. Allee
Address Eldon, Missouri Date signed 1/21/41

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1931

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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 this body is not embalmed, above space should be left blank.