

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35424

State File No. _____

FILED OCT 18 1948

Registration District No. 206

Primary Registration District No. 45-34

Registrar's No. 18

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Washington
 (b) City or town Caledonia
(If outside city or town limits, write "RURAL" and name of township)
 (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 life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Washington
 (c) City or town Caledonia
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME George Harrison Eversole

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mamie Eversole 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb. 17 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Caledonia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Farming & Stock Raising

12. Name William Goforth Eversole

13. Birthplace Rockingham Va.
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Ann Rutledge

15. Birthplace Madison Va.
(City, town, or county) (State or foreign country)

16. (a) Informant John Eversole

(b) Address Caledonia Mo.

17. (a) burial (b) Date thereof 10-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Mo.

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

(b) Address Tronton Mo.

19. (a) 10.12.48 (b) Ella D. White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
 year 1948 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from Oct 4 to Oct 4, 1948
 that I last saw him alive on Oct 4, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy 9/10

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature E. F. Truwell (M. D. or other) MD
 Address Potosi, Mo. Date signed 10/6/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4
File Number 1048-1281
Date Filed 7-16-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Rosey White
Licensed Embalmer No. 3012
P. O. Address Winton Hill

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, fact should be so stated above.