No. 300
10.48

FILED JAN 26 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2175

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 2

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

**1. PLACE OF DEATH**
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowling Green
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BB Rest Home 4

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln 57
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Union Twp.) 0
d. STREET ADDRESS (If rural, give location): 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Adolphus
c. (Last): Eversmeyer Sr.

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 12, 1949

**5. SEX**: Male 1
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Oct. 22, 1856.
**9. AGE** (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Farm
**11. BIRTHPLACE** (State or foreign country): Warren Co. Missouri 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John A. Eversmeyer
**13b. MOTHER'S MAIDEN NAME**: Margaret Ann Schaper
**14. NAME OF HUSBAND OR WIFE**: Mildred Gilmore Eversmeyer

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Paul Eversmeyer (Son) — ADDRESS: Lousiana, Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: —

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: none 4 22
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec 28, 1949, *to* Jan. 12th, 1949, *that I last saw the deceased alive on* Jan 12, 1949, *and that death occurred at* 8:40 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): James B. Biggs M.D.
**23b. ADDRESS**: Bowling Green, Mo.
**23c. DATE SIGNED**: 1/14/48

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan. 16, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Troy, Cemetery
**24d. LOCATION** (City, town, or county) (State): Troy, Missouri

**DATE REC'D BY LOCAL REG.**: 1-15-49
**REGISTRAR'S SIGNATURE**: Bill Robinson 254
**25. FUNERAL DIRECTOR'S SIGNATURE**: Kemper Funeral Home By: Joseph J. Marsh — ADDRESS: Troy, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1.49.133
Date Filed JAN 24 1949

## 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 XXX

..... Student Embalmer No. .....

working under my personal supervision.

Signed Joseph J. Morch

Signed .....
Student Embalmer

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.