

FILED APR 25 1949

STANDARD CERTIFICATE OF DEATH

11600

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>419</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> c. CITY OR TOWN <u>St. Joseph</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - North Union Township</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles North east of Craig, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles North east of Craig, Mo.</u>					
3. NAME OF DECEASED (Type or Print) <u>Everett</u>			a. (First)	b. (Middle)	c. (Last) <u>True</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 6, 1869</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 Hrs. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On the farm</u>		11. BIRTHPLACE (State or foreign country) <u>Barren County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Hiram True</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Downs</u>		14. NAME OF HUSBAND OR WIFE <u>Zona True</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Gomez - Craig, Mo.</u>				ADDRESS _____		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>				DUPLICATE OF (a) <u>CEREBRAL HEMORRHAGE</u>				<u>3 DAYS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>HYPERTENSION</u>				<u>UNKNOWN</u>	
				DUE TO (c) <u>ARTERIO SCLEROSIS</u>				<u>UNKNOWN</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>NONE</u>				<u>3 IT</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>					
22. I hereby certify that I attended the deceased from <u>4-12</u> , 19 <u>49</u> , to <u>4-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>49</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Allen Spierman</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo. 317 Kirkpatrick Bldg.</u>		23c. DATE SIGNED <u>4-15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial + Removal</u>		24b. DATE <u>4/17/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>April 18, 1949</u>		REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schoder - Craig, Mo.</u>		ADDRESS _____	

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.....

myself

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Wilber L. Scholes*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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 this body is not embalmed, fact should be so stated above.