

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19921

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence, Mo</u>	
c. LENGTH OF STAY (in this place) <u>30 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3 Box 482</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Emorg.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clay</u> b. (Middle) _____ c. (Last) <u>Everhart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Sept. 13, 1884</u>
9. AGE (In years last birthday) <u>64</u> Months <u>9</u>		9. AGE (If under 1 year) (Months) (Days) (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 _____	
11. BIRTHPLACE (State or foreign country) <u>Adair Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME <u>Anderson, Everhart</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Branard</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Bella Dickinson</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral pleural Effusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio vascular renal disease & Cardiac decompensation</u>		<u>12 weeks</u>
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>442X</u>

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from April 25, 1949, to June 8, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Allen M.D.</u> (Degree or title)		23b. ADDRESS <u>First National Bank, Indep. Mo.</u>		23c. DATE SIGNED <u>6-14-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 15-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JUNE 15, 1949</u>		REGISTRAR'S SIGNATURE <u>Samuel C. Eamshaw</u> 378		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Mitchell</u> ADDRESS _____			

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

No. 300
10.48

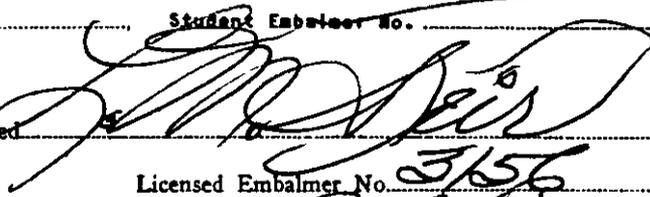
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____
Student Embalmer No. _____

Licensed Embalmer No. 3156

P. O. Address Judge, 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.