

FILED MAR 6 1950
2-23-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4362
Registrar's No. 9

BIRTH NO.		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4756		Registrar's No. 9		
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY No. Dade				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN So. Greenfield		c. LENGTH OF STAY (in this place) yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Greenfield		6290		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Jay c. (Last) Everetts			4. DATE OF DEATH (Month) (Day) (Year) Feb 19 1950					
5. SEX M W		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 24 1871		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 2 Days 25		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Ceder Co Mo 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Andrew Everetts			13b. MOTHER'S MAIDEN NAME Eunice Everetts			14. NAME OF HUSBAND OR WIFE Minnie M. Everetts		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie M Everetts So. Greenfield 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) previous cerebral hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH RDX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb 10, 1950, to Feb 19, 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at 8:10 pm., from the causes and on the date stated above.								
23a. SIGNATURE J. O'Conor (Degree or title)				23b. ADDRESS Greenfield Mo		23c. DATE SIGNED 2-23-50		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 22, 1950		24c. NAME OF CEMETERY OR CREMATORY Vaughn		24d. LOCATION (City, town, or county) (State) Dade Co Mo		
DATE REC'D BY LOCAL REG. 2-23-50		REGISTRAR'S SIGNATURE Geo L. Weir 790		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison Greenfield Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED FEB 27 1950

District Health Office No. 6,

District File Number 250-263

Date Filed 2-27-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Mass

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.