

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23874**

BIRTH NO. **46410-51** REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **163**

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 11 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington Jct. 0740	
		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) (Unnamed) b. (Middle) c. (Last) EVERHART			4. DATE OF DEATH (Month) (Day) (Year) 7 4 51
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 7/4/51
9. AGE (In years last birthday) 0		10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jess Everhart	
13b. MOTHER'S MAIDEN NAME Lois Carpenter		14. NAME OF HUSBAND OR WIFE none	
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 Jess Everhart, Burlington Jct., Mo.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio resp failure ANTECEDENT CAUSES DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7735	
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) m.		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 7-4-51 , 19 51 , to July 4 , 19 51 , that I last saw the deceased alive on 7-4-51 , 19 51 , and that death occurred at 3 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE J. E. Bauman (Degree or title) M. D.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 7/6/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/5/51	
24c. NAME OF CEMETERY OR CREMATORY Lamar		24d. LOCATION (City, town, or county) (State) Elmo, Missouri	
DATE REC'D BY LOCAL REG. 7-14-51		REGISTRAR'S SIGNATURE Jess Holt	
25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.		ADDRESS	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Robert L. Senter*

Licensed Embalmer No. *4782*

P. O. Address *Maryville, 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.