

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7390

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 304	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 46 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION 728 S. 17th Street				d. STREET ADDRESS (If rural, give location) 728 S. 17th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Fritz		b. (Middle) Henry		c. (Last) Everett		4. DATE OF DEATH (Month) (Day) (Year) March 16, 1952.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 16, 1874	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Food Merchant		11. BIRTHPLACE (State or foreign country) Clinton County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Everett		13b. MOTHER'S MAIDEN NAME Eliza McPherson		14. NAME OF HUSBAND OR WIFE Clara E. Everett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara E. Everett St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  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 25 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4201	
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 Oct 19 47, to Mar 16, 1952, that I last saw the deceased alive on Mar 16, 1952 and that death occurred at 12 noon m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert Conrad MD				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED Mar 18 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 19, 1952.		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. March 20, 1952		REGISTRAR'S SIGNATURE Carl C. Casby 446		25. FUNERAL DIRECTOR'S SIGNATURE Natalie H. H. H. H.		ADDRESS St. Joseph, Mo.	

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

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 \*\*\*\*\*

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\*\*\*\*

working under my personal supervision.

Student Embalmer No. .... \*\* \* \* \* \*

Signed

*Edward C. Harrington*

Signed..... \* \* \* \* \*  
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.