

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Shelby
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville
c. LENGTH OF STAY (In this place) 2 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Shelby
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville 1020
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) Theodore c. (Last) M^{rs} Bride
4. DATE OF DEATH (Month) 19 (Day) 19 (Year) 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1878-4-12 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 8 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Shelby County Mo 12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ELIAS A. EVERETT Theodore 13b. MOTHER'S MAIDEN NAME FRANCES VIRGINIA FARMAN - FRANCES E. HAWKINS
14. NAME OF HUSBAND OR WIFE Mrs Albert Dick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. 7955
17. INFORMANT'S SIGNATURE OR NAME Mrs Albert Dick ADDRESS Shelbyville Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unexplained
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. 7955

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1952, to Jan 13, 1953, that I last saw the deceased alive on Jan 12, 1953, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE P. G. Weaver M.D. (Degree or title) 23b. ADDRESS Shelbyville Mo 23c. DATE SIGNED 1-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 15-1953 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery 24d. LOCATION (City, town, or county) (State) Shelbyville Mo

DATE REC'D BY LOCAL REG. 1-20-53 REGISTRAR'S SIGNATURE Ada Garrison 419 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.P. Thompson Shelbyville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

20
1

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*.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....*E. P. Thompson*.....

Licensed Embalmer No. *1632*.....

P. O. Address *Shelbyville, 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.

Affidavit

P. C. Archer, M. D.
Shelbyville, Mo.

#4506

This man, Everett Theodore McBride, was twice sent to Physicians & Surgeons Clinic in Quincy Ill. and only recently was hospitalized in Michael Reese Hospital Chicago.

In Quincy the only diagnosis arrived at was Septicemia which had not localized the blood cultures were negative.

In Chicago the family was told all tests pointed toward Cancer the more could be localized. (They thought possibly of the liver) He had a low grade fever during most of his illness.

P. C. Archer

1953