

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35292

State File No. _____

FILED NOV 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5225 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> <u>0190</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>64 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Index Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Index Twp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAURA</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>EVERETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 23, 1861</u>	9. AGE (In years last birthday) <u>91</u> # UNDER 1 YEAR Months _____ # UNDER 1 YEAR Days _____ # UNDER 1 YEAR Hours _____ # UNDER 1 YEAR Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moultrie Co., Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Hiram A. Royse</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bentley</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. W. Everett (dec)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Prudy Good, RFD #4, Holden, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma (Breast)</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>170 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 1, 1953, to Oct 27, 1953 that I last saw the deceased alive on Oct 22, 1953, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G.W. Moreland 2: RFD</u>	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>10-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gunn City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gunn City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>OCT. 28 - 1953</u>	REGISTRAR'S SIGNATURE <u>Nora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.B. CAST HOLDEN MO. E. West</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 31
CASS COUNTY
HEALTH DEPARTMENT

5119
paid

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



Licensed Embalmer No. 4059

P. O. Address Holden, 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.