

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4348

State File No.

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo. c. LENGTH OF STAY (in this place) 3 Days

c. CITY OR TOWN Jefferson City, Mo. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

e. STREET ADDRESS (If rural, give location) 411 W. High 0264

3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) Ben c. (Last) Eveler

4. DATE OF DEATH (Month) (Day) (Year) March 1, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug 31, 1874

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 6 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Eveler

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Frances Weiss

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 Mrs. Frances Eveler J. C. 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Failure
ANTECEDENT CAUSES Atherosclerotic Heart Disease
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

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) (Minute)

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 Nov 17, 1953, to Mar. 1, 1954, that I last saw the deceased alive on Mar. 1, 1954, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Oldman M.D.

23b. ADDRESS Jefferson City, Mo.

23c. DATE SIGNED 3/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 4, 1954

24c. NAME OF CEMETERY OR CREMATORY Resurrection

24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

DATE REC'D BY LOCAL REG. Mar 3-54

REGISTRAR'S SIGNATURE R.P. Dorris M.D. - JR

25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Gulle J. C. MO. ADDRESS

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Lybusta Quill

Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.