

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29907

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 5127	Registrar's No. 983
1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give town(ship)) DEAR BORN, MISSOURI		c. LENGTH OF STAY (in this place) SOYARS		c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON Twp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) 200 WEST 36th STREET		
3. NAME OF DECEASED (Type or Print) a. (First) ETILL b. (Middle) DE BERRY c. (Last) EVERETT		4. DATE OF DEATH (Month) (Day) (Year) SEPT 6, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 7, 1881	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GRAIN MAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) SMITHVILLE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAMES CLAY EVERETT		13b. MOTHER'S MAIDEN NAME SARAH JANE DEBERRY	14. NAME OF HUSBAND OR WIFE MRS. ELIZABETH A. EVERETT	
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. 499-10-1125	17. INFORMANT'S SIGNATURE OR NAME MRS. ELIZABETH A. EVERETT ADDRESS 200 W. 36th ST. KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION (b) CORONARY THROMBOSIS (c) ARTERIO SCLEROSIS DUE TO (b) CORONARY THROMBOSIS DUE TO (c) ARTERIO SCLEROSIS MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) ARTERIO SCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ANGINA PECTORIS		INTERVAL BETWEEN ONSET AND DEATH Sudden 4 Wks YEARS 4 Wks.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)		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 48 to Sept 6, 1954 , that I last saw the deceased alive on Sept 4, 1954 and that death occurred at 3:05 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE D. W. Newcomer M.D. (Degree or title)		23b. ADDRESS 1115 GRAND AVE K.C., Mo.		23c. DATE SIGNED 7 Sept 54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. Sept 13, 1954		REGISTRAR'S SIGNATURE Ethel M. Allison 485-0		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons ADDRESS K.C. Mo. 1331 BRUSH CREEK

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

SEP 20 1957

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.....
Robert Kay

Licensed Embalmer No. 418

P. O. Address, K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.