

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39526**

FILED DEC 12 1955

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY OR TOWN Mtn Grove		c. CITY OR TOWN Mtn Grove	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Doris Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Glenn	b. (Middle) L.	c. (Last) Everitt	4. DATE OF DEATH (Month) (Day) (Year) Nov 22, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH Aug 20 1889	9. AGE (In years last birthday) 66	10. YEARS 3	11. DAYS 2	12. HRS. 00	13. MIN. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Draftsman	10b. KIND OF BUSINESS OR INDUSTRY Draftsman	11. BIRTHPLACE (City and State or Foreign Country) Scottsburg, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George W. Everett	13b. MOTHER'S MAIDEN NAME Ella Brown	14. NAME OF HUSBAND OR WIFE Jeanette Everitt
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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) no	16. SOCIAL SECURITY NO. 479-03-5448	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jeanette Everitt	ADDRESS Mtn Grove, Mo.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
	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.		4201

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 pronounced the deceased ~~dead~~ **11:55 AM** on **NOV 22, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE Frank Grable Coroner (Degree or title)	23b. ADDRESS Mtn Grove, Mo.	23c. DATE SIGNED 11-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-25-55	24c. NAME OF CEMETERY OR CREMATORY hillcrest	24d. LOCATION (City, town, or county) (State) Mtn Grove Mo.
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DATE REC'D BY LOCAL REG. 12-1-55	REGISTRAR'S SIGNATURE A.B. Ames 348-0	25. FUNERAL DIRECTOR'S SIGNATURE Grable-Windle	ADDRESS Mtn Grove, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS
AUG 23 1955
DEC 21 1955

WRIGHT, CO. HEALTH DEPT.
County File Number 145-134
Date Filed DEC 8 1955

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 Frank Grable.....

Licensed Embalmer No. 4148

P. O. Address entry House.....

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.