

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**4759**

State File No. \_\_\_\_\_

**538**

No. 300  
10-48

**FILED FEB 17 1956**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>441 West 61st Terrace</b>				STREET ADDRESS (If rural, give location) <b>441 West 61st Terrace</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>COYLE</b> c. (Last) <b>EVERLEY</b>			4. DATE OF DEATH <b>Feb. 3 1956</b>		5. SEX <input checked="" type="checkbox"/> male <input type="checkbox"/> female		6. COLOR OR RACE <b>white</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>		8. DATE OF BIRTH <b>Apr. 19, 1914</b>		9. AGE (In years last birthday) <b>41</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Air Line</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Walter Everley</b>			13b. MOTHER'S MAIDEN NAME <b>Elfreda Kist</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-07-1564</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Walter Everley</b> ADDRESS <b>441 W. 61 Terr., K.C. Mo.</b>						
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>5810</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____ m.		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 <u>June</u> , 19 <u>55</u> , to <u>Feb 3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 2</u> , 19 <u>56</u> and that death occurred at <u>2:00 P.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <b>J.D. Bennett</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>409 E 63rd KC Mo</b>		23c. DATE SIGNED <b>2/4/56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-6-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>2-6-56</b>		REGISTRAR'S SIGNATURE <b>neva munnshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b> ADDRESS <b>K.C. MO.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

L. J. M. Stewart  
409 E. 63

Exp 2:00 PM

Em 1-0660

9-12:30 Sat.

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 *J. S. Walton*

Licensed Embalmer No. *2744*

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.