

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5760**

BIRTH NO. _____ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5880** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Crawford Twp.		c. CITY OR TOWN Westphalia	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 Months		e. STREET ADDRESS (If rural, give location) Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Linn Manor Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Adelheit	b. (Middle)	c. (Last) Evers	4. DATE OF DEATH (Month) (Day) (Year) Feb 18, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 30, 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR 10 Days	IF UNDER 24 HRS. 18 Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Westphalia, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Holtmeyer	13b. MOTHER'S MAIDEN NAME Helen Bueschter	14. NAME OF HUSBAND OR WIFE Joseph Ever
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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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Augusta Brester, Bondots Mill, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio-Sclerosis DUE TO (c) Serumity		
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) 4201
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 **Feb 3, 1956**, to **Feb 18, 1956**, that I last saw the deceased alive on **2-15, 1956**, and that death occurred at **2:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. V. McFally M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 2-20-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/21/56	24c. NAME OF CEMETERY OR CREMATORY St. Josephs
24d. LOCATION (City, town, or county) (State) Westphalia, Mo.		

DATE REC'D BY LOCAL REG. Feb 20-1956	REGISTRAR'S SIGNATURE T. C. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rayton Funeral Home, Linn, Mo.
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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..... *Vernon M. Mouton*

Licensed Embalmer No. *412*

P. O. Address *Louis*

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.