THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

28553
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jefferson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Township — Inside Limits Yes ☐ No ☑	c. CITY OR TOWN Fenton — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) FENTON RR#1 — Length of stay in lb —	d. STREET ADDRESS (If outside, give location) RR#1 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Patrick — Middle E. — Last Everett

4. DATE OF DEATH: Month Aug — Day 28 — Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Dec 28 - 1882

9. AGE (In years last birthday): 75 — 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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Fenton Mo R.R.

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

13. FATHER'S NAME: George Joseph Everett

14. MOTHER'S MAIDEN NAME: Myra Perdom

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Mo — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Marjory Fehr — Address: Fenton - Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour p.m. 3:00 — Month, Day, Year 8 7 57

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Inquest, to ____ and last saw her/him alive on ____. Death occurred at 3:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James C. Fehm H.C. Coroner

22b. ADDRESS: Fenton Mo

22c. DATE SIGNED: 8/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: Aug 13-57

23c. NAME OF CEMETERY OR CREMATORY: St Pauls Fenton

23d. LOCATION (City, town, or county) (State): Fenton Mo

24. FUNERAL DIRECTOR: Frohwitten & Sons — ADDRESS: High Ridge, Mo.

25. DATE RECD. BY LOCAL REG.: 8-12-57

26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ..... No Embalming ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neville B. Frohwetter

Licensed Embalmer No. 36

P. O. Address High Ridg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.