

FILED NOV 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39447

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 271

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Knox City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #1		d. STREET ADDRESS (If outside, give location) 17 days	
3. NAME OF DECEASED (Type or print) First JESSIE Middle Last EVERTS		4. DATE OF DEATH Month 11 Day 12 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Eureka Springs, Arkansas
13a. FATHER'S NAME Gray Savage		13b. MOTHER'S MAIDEN NAME Elizabeth Reece	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.		16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address State Hospital No. 1; Fulton, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Dysrhythmia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial infarct DUE TO (c) Arteriosclerosis, advanced			INTERVAL BETWEEN ONSET AND DEATH 2-3 weeks
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hospital #1		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. X attended the deceased from 10-26-57 to 11-12-57 Death occurred at 11:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) D. Douglas Romney, M.D.	
22b. ADDRESS Fulton, Mo.		22c. DATE SIGNED 11-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11/13/57	23c. NAME OF CEMETERY OR CREMATORY DR. M. DOLETON WISC.	23d. LOCATION (City, town, or county) (State) Mo. MISSOURI
24. FUNERAL DIRECTOR ADDRESS Maryann June Home Fulton Mo		25. DATE RECD. BY LOCAL REG. Nov. 16 - 1957	26. REGISTRAR'S SIGNATURE Martha Lawrence

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 21 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 *Nancy A. Stewart*

- Licensed Embalmer No. *3722*

P. O. Address *Fulton Miss*

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.