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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1958

58-014608
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 197

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): INDEPENDENCE (Blue) — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 40 hi way 71 bypass — Length of stay in 1b: 16 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY 3178 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2400 E. 9th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CORDELIA — Middle — Last EVERETTE

4. DATE OF DEATH: Month April Day 29 Year 1958

5. SEX: Female 2

6. COLOR OR RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: November 7, 1903

9. AGE (In years last birthday): 54 yrs. — 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): Maid

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Lathrop, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Graham

13b. MOTHER'S MAIDEN NAME: Elizabeth Turner

14. NAME OF HUSBAND OR WIFE: Rev. J.R. Everette

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.: 514-22-1494

17. INFORMANT: Luecelia Graham — Address: 2021 Stratford Rd. Sis.

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fracture of Skull with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Contusions of Brain.
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Traffic Fatality.

20c. TIME OF INJURY Hour 5:05 p.m. Month, Day, Year 4/27/1958

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 40 - 71 By Pass

20f. CITY, TOWN, OR LOCATION: Kansas City — COUNTY: Jackson 123 — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 5:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): L. W. Hillman M.D. Deputy Coroner

22b. ADDRESS: 1618 Lydia Ave

22c. DATE SIGNED: 5/1/58

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

23b. DATE: 5-3-58

23c. NAME OF CEMETERY OR CREMATORY: Lathrop

23d. LOCATION (City, town, or county) (State): Lathrop, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.: 5-3-58

26. REGISTRAR'S SIGNATURE: James Craig

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MAY 9 1958

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18 W. Y Bent

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.