

pt. Health,
, & Welfare
S. Public
lth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022055
STATE FILE NUMBER

FILED JUL 2 1959 Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wentworth	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pierce City Mo.		Length of stay in lb 0730	d. STREET ADDRESS (If outside, give location) 1 1/2 Mi W Wentworth	
3. NAME OF DECEASED (Type or print) First Middle Last Philip Orwin Everhard			4. DATE OF DEATH Month Day Year 6 24 1959	
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-3-1908
9. AGE (In years last birthday) 50	10. FUNDER 1 YEAR Months 6	11. IF UNDER 24 HRS. Days 21	12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gramby Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Guy Everhard	13b. MOTHER'S MAIDEN NAME Bertha Woodbridge	
14. NAME OF HUSBAND OR WIFE Grace I. Everhard		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. 489-24-6133	
17. INFORMANT Address Grace I. Everhard Wentworth Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i> DUE TO (b) <i>Gen Arteriosclerosis</i> DUE TO (c) <i>?</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
19. INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <i>10 4-13-59</i> to <i>6-27-59</i> and last saw her <i>live on 4-1-59</i> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>F. J. Edwards MD</i>		22b. ADDRESS <i>Monett, Mo</i>	22c. DATE SIGNED <i>6-26-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-27-1959	23c. NAME OF CEMETERY OR CREMATORY Van Buren	23d. LOCATION (City, town, or county) (State) Newton County Mo.	
24. FUNERAL DIRECTOR Wilks Bros. Pierce City Mo.		25. DATE RECD. BY LOCAL REG. 6-26-59	26. REGISTRAR'S SIGNATURE <i>Me P. N. Cook</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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OCT 14 1959

DATE REC. 6-30-59

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, Edwin Wilks, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131
P. O. Address Pierce City, 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.