

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014165
STATE FILE NUMBER

AMENDED Registration District No. 156 Primary Registration District No. 200 Registrar's No. 172

FILED APR 17 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 2 DAYS	c. CITY OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 316 S. PENN. ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HAROLD Middle B. Last EVERHART			4. DATE OF DEATH Month APRIL Day 5 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1897	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETAIL CLERK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) C HEROKEE, IOWA	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME CHARLES EVERHART		13b. MOTHER'S MAIDEN NAME HATTIE HUNT		14. NAME OF HUSBAND OR WIFE MARGIE EVERHART	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT MARGIE EVERHART, 316 S. PENN. ST. WEBB CITY, 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) Shock Cardiovascular Severe					INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Hemorrhage Gastrointestinal Massive 24 hrs
DUE TO (c) Cirrhosis Liver Late Severe					6 mos?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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 December 1960 to April 4 1961 and last saw him alive on April 3 1961 Death occurred at 1:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Paul H. Grubb M.D.			22b. ADDRESS 2509 Jackson, Joplin, Mo.		22c. DATE SIGNED 4-5-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-6-61	23c. NAME OF CEMETERY OR CREMATORY SPEARFISH, CEMETERY		23d. LOCATION (City, town, or county) (State) SPEARFISH, S. DAKOTA	
24. FUNERAL DIRECTOR ADDRESS JOHNSTON SIMPSON WEBB CITY, MO.		25. DATE RECD. BY LOCAL REG. 4-11-1961		26. REGISTRAR'S SIGNATURE Dove Merriam	

APR 19 1961

MAY 2 1961

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 Jack C. Simpson
Licensed Embalmer No. 4647

P. O. Address Webb 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.