

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2670-61-021253

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2670

STATE FILE NUMBER

FILED JUN 21 1961

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>   |  | Length of stay in lb<br><u>15 yrs.</u>   | c. CITY OR TOWN <u>Kansas City</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Riverview Nursing Home</u><br><u>2700 Tracy</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS <u>Montague Hotel</u><br><u>412 West 11th. St.</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>JAMES</u> Middle <u>HENRY</u> Last <u>EVERETTS</u> | 4. DATE OF DEATH<br>Month <u>5</u> Day <u>28</u> Year <u>61</u> |
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|                       |                                  |   |                                    |                                     |  |  |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-29-92</u> | 9. AGE (last birthday)<br><u>69</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Window Display</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Display Companys</u> | 11. BIRTHPLACE (City and state or country)<br><u>Lawrenceburg, Indiana</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>"UNKNOWN"</u> | 13b. MOTHER'S MAIDEN NAME<br><u>"UNKNOWN"</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Gertrude Everetts</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 17. INFORMANT<br>Address <u>K.C., Mo.</u><br><u>Mrs. Grace Bottenberg; 9808 Holly</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u>                                       | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u><br><u>Arteriosclerotic</u><br>DUE TO (c) <u>Cerebral Syndrome</u> | <u>3 mos.</u>                                    |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> | Month, Day, Year <u>  </u> <u>  </u> <u>  </u> |
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| 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<br>COUNTY <u>  </u> STATE <u>  </u> |
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21. I attended the deceased from 5-1-61 to 5-28-61 and last saw him alive on 5-28-61  
Death occurred at 3:10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE<br><u>Everett E. Harris</u> (Degree or title) | 22b. ADDRESS<br><u>3102 Troost Ave. - K.C., Mo.</u> | 22c. DATE SIGNED<br><u>5-29-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>5-31-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mount Moriah Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>Kansas City, Missouri</u> |
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| 24. FUNERAL DIRECTOR<br><u>WEILERT FUNERAL HOMES (S) K.C., MO.</u> | ADDRESS<br><u>  </u> | 25. DATE RECD. BY LOCAL REG.<br><u>5-30-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
Everett E. Harris  
MEDICAL CERTIFICATION

**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 B. E. West

Licensed Embalmer No. 4075

P. O. Address 3 C. 8, 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.