

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024763

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 676

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

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY **Greene**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Springfield** Length of stay in 1b **55 years**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. John's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Greene**
c. CITY OR TOWN **Springfield** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **2015 N. Benton** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **ALFRED** Middle **T.** Last **EVERITT**
4. DATE OF DEATH Month **July** Day **16** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **June 6, 1887** 9. AGE (last birthday) **74** 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) **Foreman, Packing Co.** 10b. KIND OF BUSINESS OR INDUSTRY **Wholesale Meat** 11. BIRTHPLACE (City and state or country) **Mattoon, Illinois** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Edward Everitt** 13b. MOTHER'S MAIDEN NAME **Mollie** 14. NAME OF HUSBAND OR WIFE **Florence Everitt**

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. **Unknown** 17. INFORMANT **Mrs Florence Everitt, Springfield, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral Vascular accident** INTERVAL BETWEEN ONSET AND DEATH **48 hours**
DUE TO (b) **arteriosclerotic Vascular disease** **unknown**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Congestive heart failure** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Springfield Greene, Mo.** 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Jan 24 '59** to **July 15 '61** and last saw him alive on **July 15 '61**
Death occurred at **5:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **A. Dilsby M.D.** 22b. ADDRESS **609 Cherry St.** 22c. DATE SIGNED (State) **17 July '61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **July 18, 1961** 23c. NAME OF CEMETERY OR CREMATORY **White Chapel** 23d. LOCATION (City, town, or county) **Springfield, Missouri**

24. FUNERAL DIRECTOR **Jewell E. Windle** ADDRESS **B.W.** 25. DATE RECD. BY LOCAL REG. **7-18-61** 26. REGISTRAR'S SIGNATURE **Effie J. Melton**

Jewell E. Windle, Springfield, Missouri

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.