

FILED NOV 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 37181  
Registrar's No. 65

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5512

1. PLACE OF DEATH  
a. COUNTY Henry  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Honey Creek  
c. LENGTH OF STAY (in this place) All life  
d. FULL NAME OF HOSPITAL OR INSTITUTION RR# 4 Clinton,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Henry  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Honey Creek  
d. STREET ADDRESS (If rural, give location) RR#4 Clinton

3. NAME OF DECEASED (Type or Print)  
a. (First) Alice b. (Middle) Edna c. (Last) Eversole

4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 7 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 10, 1872

9. AGE (In years last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Henry Co. Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Emerson Harris

13b. MOTHER'S MAIDEN NAME Mary Britts

14. NAME OF HUSBAND OR WIFE James E. Eversole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Ernest Eversole ADDRESS Clinton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH 16 weeks  
2 years

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19<sup>th</sup> to 2<sup>nd</sup>, 1954, that I last saw the deceased alive on 5<sup>th</sup>, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE S.R. Mylon (Degree or title) M.D.

23b. ADDRESS Clinton, Mo.

23c. DATE SIGNED 11/10/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/10/1954

24c. NAME OF CEMETERY OR CREMATORY Englewood

24d. LOCATION (City, town, or county) (State) Clinton, Missouri

DATE REC'D BY LOCAL REG. 11-10-54

REGISTRAR'S SIGNATURE Florence Adams

25. FUNERAL DIRECTOR'S SIGNATURE J.E. Consolet ADDRESS Clinton, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

04220

04220

**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 .....  
Student Embalmer

Signed

*J E Conner*

Licensed Embalmer No. *1891*

P. O. Address *Clinton, Va*

**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 this body is not embalmed, fact should be so stated above.