

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1950

State File No. 40149

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural "UNION"		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural "UNION"	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1 M - E Davis School	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 M-E Davis School			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) M	c. (Last) EVERETT	4. DATE OF DEATH (Month) (Day) (Year) 12 24 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept 7, 1874	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 3 Days 17 IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Hickory Co, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME William Turner	13b. MOTHER'S MAIDEN NAME Zelphia Miller	14. NAME OF HUSBAND OR WIFE Jerry Everett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Beulah Kelley SEDALIAMO	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		12/24
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 10, 1948**, to **Dec 24, 1948**, that I last saw the deceased alive on **Dec 23, 1948**, and that death occurred at **8:00 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Successally D O (Degree or title)	23b. ADDRESS Warsaw MO	23c. DATE SIGNED 12/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 27, 1949	24c. NAME OF CEMETERY OR CREMATORY Rethel Camp Ground	24d. LOCATION (City, town, or county) (State) Benton County Mo.
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DATE REC'D BY LOCAL REG. Dec. 28-1949	REGISTRAR'S SIGNATURE Gas. A. Logan	25 FUNERAL DIRECTOR'S SIGNATURE John I. Beas	ADDRESS Warsaw
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(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED

District Health Officer No. 7;

District File Number 12-49-150

Date Filed 1-3-50

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 *John F. Reser*

Licensed Embalmer No. 4098

P. O. Address *Warsaw*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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