

STANDARD CERTIFICATE OF DEATH

State File No. **7570**

FILED APR 7 1952

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 113	
1. PLACE OF DEATH a. COUNTY Callaway ⁰¹⁴³				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission): a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		LENGTH OF STAY (If in place) 2 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Fulton ⁰¹⁴³⁰		OR TOWN 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 308 N. W. 8th Street				d. STREET ADDRESS (If rural, give location) 308 N. W. 8th			
3. NAME OF DECEASED (Type or Print) a. (First) Turner		b. (Middle) _____		c. (Last) Everhart		4. DATE OF DEATH (Month) (Day) (Year) Mar. 29-52	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 21-1881	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 2		IF UNDER 1 DAY Hours 8		IF UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (If kind of work occupying most of waking hours, specify) Retired laborer		10b. KIND OF BUSINESS OR INDUSTRY D.R.		11. BIRTHPLACE (State or foreign country) Fulton, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Frank		13b. MOTHER'S MAIDEN NAME A. N.		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME 308 N. W. 8th Adelia Couch Fulton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis Generalized arteriosclerosis - CVR DUE TO (c) Acute Pyelitis with toxemia				INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs 10 years 1 month	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		442X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 22 pm , 19 52 , to 28 am , 19 52 , that I last saw the deceased alive on 27 mar , 19 52 , and that death occurred at 8:00 A m., from the causes and on the date stated above.							
23a. SIGNATURE E. R. Goshorn (Degree or title) 0				23b. ADDRESS Fulton, Mo.		23c. DATE SIGNED 31 Mar 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 2-52		24c. NAME OF CEMETERY OR CREMATORY South Side Cemetery		24d. LOCATION (City, town, or county) (State) Fulton Mo.	
DATE REC'D BY LOCAL REG. Apr. 1-1952		REGISTRAR'S SIGNATURE Maritta Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE Chas. Bell ADDRESS Fulton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Harry T. Bell

Licensed Embalmer No. 4867

P. O. Address _____

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.