

STANDARD CERTIFICATE OF DEATH

State File No. 16444

FILED MAY 17 1952

BIRTH NO.

REG. DIST. NO.

149

PRIMARY REG. DIST. NO.

1002

Registrar's No.

2041

1. PLACE OF DEATH a. COUNTY JACKSON 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 56 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		2740	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4709 Campbell St.				d. STREET ADDRESS (If rural, give location) 4709 Campbell STREET			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) ALFRED		c. (Last) EVERETT		4. DATE OF DEATH (Month) (Day) (Year) MAY 3 1952	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept 25, 1875	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Mgr Retired		10b. KIND OF BUSINESS OR INDUSTRY DAIRY CLUB		11. BIRTHPLACE (State or foreign country) London England 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH EVERETT		13b. MOTHER'S MAIDEN NAME CAROLINE PENDRILL		14. NAME OF HUSBAND OR WIFE MINNIE EVERETT	
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. 486-09-3340		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Guy Wing 4428 TRACY K.P. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerosis; heart disease myocarditis.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>aneurysm abdominal aorta</i>				INTERVAL BETWEEN ONSET AND DEATH 47-50	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>April 1, 1952</u> , to <u>May 3, 1952</u> , that I last saw the deceased alive on <u>Apr 29, 1952</u> , and that death occurred at <u>12:03 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert S. Valentine (Degree or title)</u> <i>Herb Valentine M.D. MO</i>				23b. ADDRESS <u>1124 Prospect St</u> <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>5/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-5-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. H. Neucomer Sons, Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

VI-1938

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Charles Thomas*

Licensed Embalmer No. *2640*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.