

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1959

State File No.

S. No. 300
V. 10.48

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 47

310

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

1. PLACE OF DEATH a. COUNTY Daviness			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviness		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin		
d. FULL NAME OF HOSPITAL OR INSTITUTION ---			d. STREET ADDRESS (If rural, give location) ---		
3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Elizabeth c. (Last) Everman			4. DATE OF DEATH (Month) (Day) (Year) June 19 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 10 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Daviness Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas A. Martin		13b. MOTHER'S MAIDEN NAME Nancy J. Taylor		14. NAME OF HUSBAND OR WIFE John Everman (Dec'd)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, none or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Forrest Everman, Gallatin, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration				3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial degeneration				10 yrs
	DUE TO (c) Arterio-sclerosis Coronary Artery				" "
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Artery				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4 2 0 1				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 May 6, 1952 to June 19, 1952 , that I last saw the deceased alive on June 19, 1952 , and that death occurred at 5:10 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Lloyd E. Nelson M.D.			23b. ADDRESS Gallatin, Mo.		23c. DATE SIGNED 6-20-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-22-1952	24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Mo.		
DATE REC'D BY LOCAL REG. 26 June 1952	REGISTRAR'S SIGNATURE Virginia M. Englehart	25. FUNERAL DIRECTOR'S SIGNATURE L. O. Richeson	ADDRESS Hope Funeral Home Gallatin, Mo.		

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 *L. O. Johnson* _____

Licensed Embalmer No. *3302* _____

P. O. Address *Gallatin, 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.