

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6741

State File No.

FILED MAR 9 - 1953

BIRTH NO.

REG. DIST. NO. 177

PRIMARY REG. DIST. NO. 5668

Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Clark Twp)		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Clark Twp)		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION In her home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Lily			b. (Middle) Grace E		c. (Last) Eversmeyer		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1953
5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 3, 1881		9. AGE (In years last birthday) 71
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) Lincoln County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Frank Craig			13b. MOTHER'S MAIDEN NAME Clara Lay		14. NAME OF HUSBAND OR WIFE Len Eversmeyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Len Eversmeyer Moscow Mills, 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) Coronary artery disease (Coronary thrombosis) 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. 4201					INTERVAL BETWEEN ONSET AND DEATH 1 wk
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) m.		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 2/22, 1953, to 2/21, 1953, that I last saw the deceased alive on 2/21, 1953 and that death occurred at 2:05 A. M., from the causes and on the date stated above.							
23a. SIGNATURE P. C. Cressler M.D. (Degree or title)				23b. ADDRESS Troy Mo		23c. DATE SIGNED 2/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/23/53	24c. NAME OF CEMETERY OR CREMATORY Anderson Hill Cem.		24d. LOCATION (City, town, or county) (State) Lincoln County, Missouri		
DATE REC'D BY LOCAL REG. Mar 3-53		REGISTRAR'S SIGNATURE Emma R. Riddle 162		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.			

(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, JKK

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joseph J. Marsh

Licensed Embalmer No. 3932

Signed _____
Student Embalmer

P. O. Address Troy, Missouri.

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.