No. 300
10.48

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

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11893

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1296

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 50 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Medical Center
STREET ADDRESS (If rural, give location): 3903 Central 3489 STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

3. NAME OF DECEASED (Type or Print)
a. (First): Luke
b. (Middle): P.
c. (Last): Everett

4. DATE OF DEATH (Month) (Day) (Year): 3 - 22 - 55

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 5-12-80
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 12 YRS. OWNER
10b. KIND OF BUSINESS OR INDUSTRY: GROCERY 208 WEST 39TH ST.
11. BIRTHPLACE (City and State or Foreign Country): MILLERSCREEK, KENTUCKY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SAMUEL EVERETT
13b. MOTHER'S MAIDEN NAME: ELIZABETH MOBERLY
14. NAME OF ~~HUSBAND OR~~ WIFE: MRS. MAYME E. EVERETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: DR. JAMES E. EVERETT
ADDRESS: 3903 CENTRAL ST. KANSAS CITY 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Upper Gastro-Intestinal — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Hemorrhage - cause undetermined — 4 yrs.
~~DUE TO (c)~~ Diabetes Mellitus — 7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic Cerebral and Cardio-Vascular Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19____, *to* Mar. 22, 1955, *that I last saw the deceased alive on* Mar. 22, 1955, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. F. Steffen (Degree or title): M. D.
23b. ADDRESS: 1103 Grand Ave K.C. Mo
23c. DATE SIGNED: 3-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAR. 23. 1955
24c. NAME OF CEMETERY OR ~~CREMATORY~~: RICHMOND CEMETERY
24d. LOCATION (City, town, or county) (State): RICHMOND, KENTUCKY

DATE REC'D BY LOCAL REG.: 3-29-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D.H. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 481

P. O. Address Kansas C

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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