

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11894**

FILED MAY 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1820**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution).	
a. COUNTY <b>Jackson</b>		a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>9 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>4604 Eaton Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Nursing Home</b>			
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <b>Millie</b>		b. (Middle) <b>Fay</b> c. (Last) <b>Everitt</b>	
(Type or Print)		<b>April 22, 1955</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>July 19, 1890</b>
<b>9. AGE</b> (In years last birthday) <b>64</b>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 18 YRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Norton, Kansas</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>Unknown</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Edward Everitt</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Minnie Derrowitch-Hoxie, Kan.</b>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>	
<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerosis</b>		<b>3 years</b>	
<b>DUE TO (c)</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>331*</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>2-1-55</u>, 19<u>55</u>, to <u>4-22-55</u>, that I last saw the deceased alive on <u>4-22-55</u>, 19<u>55</u>, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Paul Laurenzana</b> (Degree or title)		<b>23b. ADDRESS</b> <b>428 Southwhite Ave</b>	
<b>23c. DATE SIGNED</b> <b>4-22-55</b>			
<b>24a. BURIAL CREMATION (REMOVAL Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>4-25-1955</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Maple Hill Cemetery</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Kansas City, Kansas</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>4-25-55</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Neva Marshall</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Gates Funeral Home-Kansas City, Kan.</b>		<b>ADDRESS</b>	

**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 *Guy W. Shelton* .....

Licensed Embalmer No. .... 4700 .....

P. O. Address *Kansas City 11, Miss* .....

**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.