

18630

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

2573

FILED JUL 1 - 1955

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

1. PLACE OF DEATH a. COUNTY Jackson			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 town or township) Kansas City		c. LENGTH OF STAY (in this place) 26 yrs.	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Our Lady of Mercy Home-918 E. 9th			13. STREET ADDRESS (If rural, give location) 918 East 9th St. 5138		
3. NAME OF DECEASED (Type or Print) a. (First) EFFIE		b. (Middle)	c. (Last) EVERSULL	4. DATE OF DEATH (Month) (Day) (Year) June 15, 1955	
5. SEX Fe	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 30, 1878	9. AGE (In years last birthday) 876	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Stephen Bridges		13b. MOTHER'S MAIDEN NAME Julia Donnell		14. NAME OF HUSBAND OR WIFE Bert H. Eversull	
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 Hills, KS. Dr. Hubert Eversull, 6115 High Dr., Mission			
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) Cerebral vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 15 min.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio sclerosis DUE TO (c)			10 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X		
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) (Min.)	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 March , 1949, to June 15 , 1955, that I last saw the deceased alive on June 2 , 1955, and that death occurred at 12 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE M. Donald McFarland (Degree or title) M. Donald McFarland M.D.			23b. ADDRESS 315 Nichols Rd KCMo		23c. DATE SIGNED 6-15-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 6-16-55	24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 6-16-55		REGISTRAR'S SIGNATURE Mera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. M. Donald McFarland
215 (Hay) Med. Bldg.
L 1533

Exp. 12 M

After 1:00 today

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.....
Signature of Student Embalmer

Signed *J. T. Crowell*

Licensed Embalmer No. *490*
P. O. Address *H. C. m.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.