No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26768

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg,
c. LENGTH OF STAY (in this place) 6 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Warrensburg Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN Centerview
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Centerview, Missouri. 0510

3. NAME OF DECEASED (Type or Print)
a. (First) Sam
b. (Middle)
c. (Last) Everts

4. DATE OF DEATH (Month) (Day) (Year) Aug 10, 1955

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3
8. DATE OF BIRTH Aug 8, 1890
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months 0 Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (City and State or Foreign Country) Traer, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Howell Everts
13b. MOTHER'S MAIDEN NAME Martha McBride
14. NAME OF HUSBAND OR WIFE Addie Everts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) xxxx
16. SOCIAL SECURITY NO. 489-30-5705
17. INFORMANT'S SIGNATURE OR NAME Mrs. Estel Andruss, **ADDRESS** Centerview, 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) Profound shock — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Injuries of auto accident — 5 hr.
DUE TO (c) Fracture, left forearm & right leg (compound)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 14 Mile West Warrensburg on Highway 50 051 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 - 8 - 55 9:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? was struck by auto on highway #50

22. *I hereby certify that I attended the deceased from* Aug 9, 1955, *to* Aug 10 1955, *that I last saw the deceased alive on* Aug 9, 1955, *and that death occurred at* 3:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS Warrensburg Mo
23c. DATE SIGNED 8-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 8/11/55
24c. NAME OF CEMETERY OR CREMATORY Centerview Cemetery
24d. LOCATION (City, town, or county) (State) Centerview, Missouri

DATE REC'D BY LOCAL REG. Aug. 13, 1955
REGISTRAR'S SIGNATURE Savannah Crutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp, **ADDRESS** Holden, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 15 1955

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 M. L. Canaday.....

Licensed Embalmer No....3434

P. O. Address Holden,..Miss

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.