

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1955

State File No. **40173**

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Athens Twp</u>	c. LENGTH OF STAY (in this place) <u>59 yrs</u>	c. CITY OR TOWN <u>Albany</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles East of Albany</u>		e. STREET ADDRESS (If rural, give location) <u>6 miles East of Albany</u> <u>0380</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Joie</u>	b. (Middle) <u>Beatrice</u>	c. (Last) <u>Everly</u>	(Month) <u>Dec</u>	(Day) <u>21</u>	(Year) <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 13, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dunville, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John B. Cravens</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Chas P. Early (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dorothy Cox</u>	ADDRESS <u>Albany, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 DA.</u>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE PERICARDITIS</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC INTERSTITIAL NEPHRITIS - 4 yrs</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>			

19a. DATE OF OPERATION <u>1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Removed benign tumor at Sacral Area</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1951 to 12-21, 1955, that I last saw the deceased alive on 12-20, 1955, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. L. Green, D.O.</u> (Degree or title)	23b. ADDRESS <u>New Hampton Mo</u>	23c. DATE SIGNED <u>12-22-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 23 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Albany Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 23 55</u>	REGISTRAR'S SIGNATURE <u>Maude Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Noble</u>	ADDRESS <u>940 New Hampton Mo</u>
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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, or by William George Noble, Student Embalmer No. 513 working under my personal supervision.

Student William George Noble
Signature of Student Embalmer

Signed W G Noble

Licensed Embalmer No. 290

P. O. Address New Hampton

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.