

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40534

State File No. \_\_\_\_\_

5157

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

1. PLACE OF DEATH a. COUNTY <p align="center"><b>Jackson</b></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center"><b>Kansas</b></p>		b. COUNTY <p align="center"><b>Johnson</b></p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center"><b>Kansas City</b></p>		c. LENGTH OF STAY (In this place) <p align="center"><b>1 hour</b></p>		c. CITY OR TOWN <p align="center"><b>Mission Hills</b></p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center"><b>St. Luke's Hospital Annex</b></p>					
e. STREET ADDRESS <p align="center"><b>6424 Ensley Lane</b></p>				f. (If rural, give location) <p align="right"><b>§15 §</b></p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <p align="center"><b>A.</b></p>	b. (Middle) <p align="center"><b>WYNN</b></p>	c. (Last) <p align="center"><b>EVERETT</b></p>	Nov. 26, 1955		

5. SEX <p align="center"><b>male</b></p>	6. COLOR OR RACE <p align="center"><b>white</b></p>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <p align="center"><b>married</b></p>	8. DATE OF BIRTH <p align="center"><b>March 29, 1894</b></p>	9. AGE (In years last birthday) <p align="center"><b>61</b></p>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center"><b>Regional Director</b></p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center"><b>Paint Co.</b></p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center"><b>Parker County, Texas</b></p>	12. CITIZEN OF WHAT COUNTRY? <p align="center"><b>USA</b></p>
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13a. FATHER'S NAME <p align="center"><b>A. A. Everett</b></p>	13b. MOTHER'S MAIDEN NAME <p align="center"><b>Zadie Wynn</b></p>	14. NAME OF HUSBAND OR WIFE <p align="center"><b>Grace Everett</b></p>
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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) <p align="center"><b>Yes W. W. # 1</b></p>	16. SOCIAL SECURITY NO. <p align="center"><b>487-05-7035</b></p>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <p align="center"><b>Mrs. Grace Everett, 6424 Ensley Lane, Mission Hills, MO</b></p>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY CAUSING DEATH <p align="center"><b>Coronary Artery Occlusion</b></p>		INTERVAL BETWEEN ONSET AND DEATH <p align="center"><b>2 hours</b></p>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <p align="center"><b>Atherosclerosis</b></p>		<p align="center"><b>Unknown</b></p>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<p align="center"><b>4201</b></p>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 11/26, 1955 to 11/26, 1955 that I last saw the deceased alive on 11/26, 1955 and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <p align="center"><b>William B. Allen MD</b></p>	23b. ADDRESS <p align="center"><b>Flag Line Bg</b></p>	23c. DATE SIGNED <p align="center"><b>11/26/55</b></p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center"><b>removal</b></p>	24b. DATE <p align="center"><b>11/28/55</b></p>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <p align="center"><b>Weatherford, Texas</b></p>
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DATE REC'D BY LOCAL REG. <p align="center"><b>11-28-55</b></p>	REGISTRAR'S SIGNATURE <p align="center"><b>Neva Minshall</b></p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center"><b>STINE &amp; McCLURE UND. CO.</b></p>	ADDRESS <p align="center"><b>K.C.MO.</b></p>
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WRITE MAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
0.48

FILED DEC 28 1955

St. Louis, Mo.  
St. Louis Bridge  
9, 1925

70 a 21

JAN 26 1956

DEC 28 1955

STATEMENT BY LICENSED EMBALMER

Burger

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 *Gerald A. Burger*

Licensed Embalmer No. 476

P. O. Address K. C. Mo

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.