

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4684

State File No. 848

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>848</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>40 Years</b>		c. CITY OR TOWN <b>Kansas City</b> <u>3858</u> <u>0</u>		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 <b>Research Hospital</b>				85. STREET ADDRESS (If rural, give location) <b>617 West 70th Terrace</b>			
3. NAME OF DECEASED (Type or Print) <b>FAYE</b>		a. (First)		b. (Middle)		c. (Last) <b>EVEREST</b>	
4. DATE OF DEATH <b>Feb. 22, 1957</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>8 - 9 - 1881</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Sabetha, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Chas. W. Douglas</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Greenan</b>		14. NAME OF HUSBAND OR WIFE <b>Fred W. Everest</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>4865-01-5817B</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. John E. Kennedy, 2130 Brookwood Rd.</b>			
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) <b>Epidermoid Carcinoma of Peritum</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>  <b>mit</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <u>Sept. 1, 1954</u> , to <u>Feb. 22, 1957</u> , that I last saw the deceased alive on <u>Feb. 22, 1957</u> , and that death occurred at <u>8:10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Arthur B. Smith M.D.</b>		(Degree or title) <sup>D</sup>		23b. ADDRESS <b>830 Hogue Bldg. N.P. 6, Mo.</b>		23c. DATE SIGNED <b>2-22-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2-25-57</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Sabetha, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>2-22-57</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary, Kansas City, Mo.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Arthur B. Smith, M.D.

Arthur B. Smith  
830 Orange St.  
Bldg.

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 *Warren R. Ellis*

Licensed Embalmer No. *501*

P. O. Address *Mission*

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.