

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10222**
Registrar's No. **1614**

FILED MAR 18 1957

318

1003

1614

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 38 D.O.A. Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 3200a Bell Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) VERNON b. (Middle) _____ c. (Last) EVERETT			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1957				
5. SEX Male 2	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Mar. 5 1901		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 11 Days 10	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Bldg. Trade		11. BIRTHPLACE (City and State or Foreign Country) Houston, Texas /		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Alex Everett		13b. MOTHER'S MAIDEN NAME Scotch Puckett		14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-03-3819		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otelia Clay 3200a Bell Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular Heart Disease, Chronic nephritis, cum edema. 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. 443X				INTERVAL BETWEEN ONSET AND DEATH 1	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION L				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE L (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) L		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) L			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) L		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? L			
22. I hereby certify that I attended the deceased from 2-7-1957 to 2-14-1957 , that I last saw the deceased alive on 2-14-1957 , and that death occurred at 2:10 a.m. 2-15-57 , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Estelita J. Hunsor M.D. 1003 Lucas				23b. ADDRESS _____		23c. DATE SIGNED 2-16-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-17-57	24c. NAME OF CEMETERY OR CREMATORY Houston		24d. LOCATION (City, town, or county) (State) Houston Texas		
DATE REC'D BY LOCAL REG. FEB 18 57		REGISTRAR'S SIGNATURE J. Carl Smith, M.D. <i>m. J. B.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. RANDLE & SON 3133 Bell Ave.			

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Esther K. Harris*

Licensed Embalmer No. *445*

P. O. Address *4181 Wash*

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.