

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027727
State File No.

No. 300
10-48

FILED JUN 17 1957

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5200</u>		Registrar's No. <u>50</u>		
1. PLACE OF DEATH a. COUNTY CARROLL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY CARROLL				
b. CITY (If outside corporate limits, write RURAL and give township) WAKENDA		c. LENGTH OF STAY (In this place) 1 1/2 yrs.		c. CITY OR TOWN WAKENDA		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 WAKENDA MISSOURI				e. STREET ADDRESS (If rural, give location) WAKENDA, MISSOURI				
3. NAME OF DECEASED (Type or Print) a. (First) MAUD		b. (Middle) EILEN		c. (Last) EVERS		4. DATE OF DEATH (Month) (Day) (Year) JUNE, 7, 1957		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG. 13, 1879		
9. AGE (In years last birthday) 77 1/2		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) CARROLL COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JAMES H. STANLEY			13b. MOTHER'S MAIDEN NAME MARGARET HENDRICK			14. NAME OF HUSBAND OR WIFE MARTIN H. EVERS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HARRY B. YOUNG SR. SEDALIA, MO.		ADDRESS		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEART CONDITION ANTECEDENT CAUSES Morbidity 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343					20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WAKENDA CARROLL MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-7-57 11^A 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. D. Cochran				23b. ADDRESS 103 E. 4th Carrollton Mo		23c. DATE SIGNED 6-8-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-9-1957		24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY		24d. LOCATION (City, town, or county) (State) DeWITT, MISSOURI		
DATE REC'D BY LOCAL REG. 6-9-57		REGISTRAR'S SIGNATURE Mr. Herbert Calvert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STANDLEY & GIBSON CARROLLTON, MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.