

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008895
STATE FILE NUMBER

1000 Registrar's No. 880

FILED APR 15 1958

Registration District No. 42 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Euchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Euchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) St. Francis Hotel		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clay Everett			4. DATE OF DEATH Month Day Year April 4, 1958		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 20, 1894	9. AGE (In years last birthday) 64	10. FUNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partender		10b. KIND OF BUSINESS OR INDUSTRY Retail Liquor	11. BIRTHPLACE (City and state or country) Stewartsville, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Everett		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Louise Everett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. 487-01-9067	17. INFORMANT Address Marie Luther, St. Joseph, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Myocardial Insufficiency</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hours.</u> <u>Several yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) <u>Pneumonia - Mending 4/20</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>6-13-56</u> to <u>4-4-58</u> and last saw ^{him} alive on <u>4-4-58</u> Death occurred at <u>8:55</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert W. Kieber, M.D.</u>			22b. ADDRESS <u>St. Joseph, Mo</u>		22c. DATE SIGNED <u>4-4-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 7, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
24. FUNERAL DIRECTOR <u>Wendell H. Hagan, Inc., St. Joseph, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>April 5, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Handell</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service
300
-57
0
Doctor, coroner, etc. must use any statement
All diseases in Part I must be causally related.

JUN 25 1958

MAY 1 1958

APR 15 1958

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 *Albert R. Harrington*

Licensed Embalmer No. 3258

P. O. Address... St. Joseph, 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.