

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033408

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 179 Primary Registration District No. 4289 Registrar's No. 176

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Lincaln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Hempstead	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hawkpoint		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8038 CITY OR TOWN Hope Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 1 1/2 Months	d. STREET ADDRESS. West Main (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ALIE HERMAN EVERSMEYER			4. DATE OF DEATH Month Day Year October 2, 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 30, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 11 Days 2	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buying and selling in real estate		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Briscoe MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John A. Eversmeyer		13b. MOTHER'S MAIDEN NAME Margaret Ann Schaper		14. NAME OF HUSBAND OR WIFE Hattie Haines	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Donald Thompson Address Hawkpoint MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis			INTERVAL BETWEEN ONSET AND DEATH Few Hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hepatic Failure			2-3 Mo.
	DUE TO (c) Hepatitis			3 Mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, aortic aneurysm, severe osteoporosis			19. WAS AUTOPSY PERFORMED? 2 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 583 X		COUNTY STATE

21. I attended the deceased from **8-11-58** to **10-2-58** and last saw ^{him} alive on **10-2-58**
Death occurred at **9:40 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alford N. Mackae DO. 2		22b. ADDRESS Warrenton, Mo.	22c. DATE SIGNED 10-1-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 4, 1958	23c. NAME OF CEMETERY OR CREMATORY Olney Cemetery	23d. LOCATION (City, town, or county) (State) Olney Missouri
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24. FUNERAL DIRECTOR D.W. McCoy Troy Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-9-58	26. REGISTRAR'S SIGNATURE Charlotte Leek
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *D. D. McEary*
Licensed Embalmer No. *2586*
P. O. Address *Froy 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.