

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022648

FILED VS JUN 20 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 220

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		c. CITY OR TOWN JEFFERSON CITY, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS HOSPITAL		d. STREET ADDRESS (If outside, give location) 1804 E MILLER	

3. NAME OF DECEASED (Type or print) First ALBERT Middle CHARLES Last EVERS			4. DATE OF DEATH Month June Day 13 Year 1960		
5. SEX MALE	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 10/25/15	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months 7 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE AGENT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST ELIZABETH, MO.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE EVERS		13b. MOTHER'S MAIDEN NAME ELIZABETH BOECKMAN		14. NAME OF HUSBAND OR WIFE VIVIAN PERRIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 485-19-6908	17. INFORMANT Address MRS. VIVIAN EVERS J C MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 years
IMMEDIATE CAUSE (a) Carcinomatous - primary stomach		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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	STATE

21. I attended the deceased from 4/6/57 to 6/13/60 and last saw him alive on
Death occurred at 3 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John D. Trautman, M.D.</i>	(Degree or title)	22b. ADDRESS <i>302 Bolivar Jefferson City Mo</i>	22c. DATE SIGNED <i>6/14/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/15/60	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION	23d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.

24. FUNERAL DIRECTOR <i>Sylvester Dulle</i>	ADDRESS J C MO. 14	25. DATE RECD. BY LOCAL REG. <i>June 19 60</i>	26. REGISTRAR'S SIGNATURE <i>R.P. Harris, Mrs. W. Richter, Dep.</i>
--	------------------------------	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA JUN 21 1960

SA JUN 27 1960

JUL 1 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sylvester Paul
Licensed Embalmer No. 430

P. O. Address Jefferson

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.