

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16429

Do not use this space.

MAY 24 1939

1. PLACE OF DEATH

(a) County Worth Registration District No. 902
(b) Township Witchamuck Primary Registration District No. 4545
(c) City Grant City (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

DARIUS MARION COVERDELL
(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Coverdell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Unionville (STATE OR COUNTRY) Mo.

FATHER 13. NAME George W. Coverdell

14. BIRTHPLACE (CITY OR TOWN) Unionville (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Unionville

16. BIRTHPLACE (CITY OR TOWN) Unionville (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. M. L. Hardy
Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant Cem. DATE 4/13 1939

19. FUNERAL DIRECTOR (NAME) Arch C. Drumfee (ADDRESS) Grant City, Mo.

20. FILED 5-6 19 39 Ed Mell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1939, to _____, 19____

I last saw him alive on Apr. 19, 1939. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myo-Carditis Date of onset _____

Other contributory causes of importance: A3C

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) _____ (Address) _____

District No. 11,
District File Number 39-452
Date Filed MAY 8 1951

MAR 21 1950

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Arch C. Dingle

Licensed Embalmer No. 3252

P. O. Address

Grant City, 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 this body is not embalmed, above space should be left blank.