

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31474

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>			
b. CITY OR TOWN <u>Doniphan, Missouri.</u>		c. LENGTH OF STAY (in this place) <u>11 years.</u>		c. CITY OR TOWN <u>Doniphan, Missouri.</u>		91	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>908 Walnut.</u>				d. STREET ADDRESS (If rural, give location) <u>908 Walnut.</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Cora</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Covert.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 5th, 1949.</u>	
5. SEX <u>Female.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>Dec. 22, 1863</u>	
9. AGE (in years last birthday) <u>85</u>		IF UNDER 1 YEAR (Months) <u>7</u>		IF UNDER 100 Hrs. (Days) <u>13</u>		IF UNDER 100 Hrs. (Mins.) <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>		11. BIRTHPLACE (State or foreign country) <u>Rosemond, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry M. Graham.</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Wilson.</u>			14. NAME OF HUSBAND OR WIFE <u>Charlie A. Covert.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>- - -</u>		16. SOCIAL SECURITY NO. <u>- - -</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella M. Hood Doniphan, Mo.</u>			
18. CAUSE OF DEATH Enter only 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) <u>Carcinoma of Liver - metastatic</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Mammary Gland bilateral.</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>156</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>June, 1944, to 5 Aug, 1949,</u> that I last saw the deceased alive on <u>4 August, 1949,</u> and that death occurred at <u>9-9</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Williams, M.D.</u> (Degree or title)				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>6 Aug. 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>		24b. DATE <u>AUG. 7th, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri.</u>	
DATE RECD BY LOCAL REG. <u>8-6-49</u>		REGISTRAR'S SIGNATURE <u>E. G. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u>		ADDRESS <u>Doniphan, Mo.</u>	

RECEIVED 9/12/49  
District Health Officer No. 5,  
District File Number 949609  
Date Filed 9/15/49

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 .....  
Student Embalmer

Signed Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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, fact should be so stated above.