

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7910

No. 300  
10.48

1640

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Cape GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u> OR TOWN <u>Hiram</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hairm Rural Jefferson T.S.</u> OR TOWN <u>Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathy Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>105 Spanist St Cape Girardeau</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>M</u> c. (Last) <u>Hovis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 2 1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 31 1890</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Days <u>—</u>	IF UNDER 1 YEAR Hours <u>2</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home.</u>	11. BIRTHPLACE (State or foreign country) <u>Greenville Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Mathews</u>	
13b. MOTHER'S MAIDEN NAME <u>Sine Blackwell</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Z. Hovis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Z. Hovis</u>		ADDRESS <u>Hiram Mo.</u>	
18. CAUSE OF DEATH Enter only one 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>Medullary Paralysis</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
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>April 1, 1950</u> , to <u>April 2, 1950</u> , that I last saw the deceased alive on <u>April 2, 1950</u> , and that death occurred at <u>11:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. D. Jewell</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>105 S. Spanist Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>April 7, 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenville</u>	
24d. LOCATION (City, town, or county) (State) <u>Greenville Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Service Bureau Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-7-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> ADDRESS <u>44</u>	

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-528

**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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.