

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15923**

FILED JUN 5 1950

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>640</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2118 So. 11th St.</u>				d. STREET ADDRESS (If rural, give location) <u>2118 So. 11th St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adda</u>		b. (Middle) <u>A</u>		c. (Last) <u>Hovatter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1950</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>Aug. 18, 1870</u>		9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>7</u>	11. YEAR <u>10</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>Lee County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>Samuel Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Issac Hovatter</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Zeiber 1222 Sylvania St.</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>Coronary Occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>XXX</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXX</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>  <u>Unknown</u>  <u>4201</u>	
19a. DATE OF OPERATION <u>XXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXX</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXX</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXX</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> <u>XXX</u>		21f. HOW DID INJURY OCCUR? <u>XXX</u>				
22. I hereby certify that I attended the deceased from <u>Feb. 21, 1950</u> , to <u>May 28, 1950</u> , that I last saw the deceased alive on <u>May 27, 1950</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Clarence C. Jenkins</u> (Degree or title)				23b. ADDRESS <u>The Schneider Bldg. St. Joseph, Missouri</u>		23c. DATE SIGNED <u>5-29-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/1/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>		24d. LOCATION (City, town, or county) (State) <u>Sidney Iowa.</u>		
DATE REC'D BY LOCAL REG. <u>June 1, 1950</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Emma Clark</u> 120 Illinois Ave.				

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

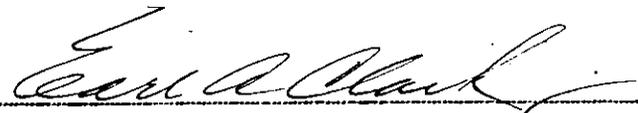
**STATEMENT BY LICENSED EMBALMER**

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.

Signed \_\_\_\_\_



Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.