

FILED MAR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5589

0804

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1109 W. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1109 W. Broadway</u>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>W</u> c. (Last) <u>STOVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1951</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>1893</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Telephone Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John P. Stover</u>	13b. MOTHER'S MAIDEN NAME <u>Katharine Webb</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie K. Stover</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Stover, Topeka, Kansas</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epileptic Spasms.</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary hardening</u> <u>2 yrs.</u> DUE TO (c) _____ <u>35 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> <u>5 yrs.</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) (Min.)	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 _____, 19____, to <u>Feb 28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 28</u> , 19 <u>51</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. D. Holbert D.D.</u>		23b. ADDRESS <u>1702 S. Lamine Sedalia Mo</u>	23c. DATE SIGNED <u>3-2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/3/1951</u>	REGISTRAR'S SIGNATURE <u>R. J. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. DeWalt, Sedalia Mo.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-14-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-14-51

MAR 29 1951

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 L. Lull

Licensed Embalmer No. 4818

P. O. Address Sedalia, 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.