

JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

046
State File No. 2066

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 679 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Moniteau Co
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker
c. LENGTH OF STAY (In this place) 20 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 302 South High St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Moniteau
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo. Walker
d. STREET ADDRESS (If rural, give location) 392 South High St. 0681

3. NAME OF DECEASED
a. (First) Mary b. (Middle) Dove c. (Last) Dove

4. DATE OF DEATH (Month) (Day) (Year)
Jan 19/52

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct, 27, 1876

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 2 Days 23 IF UNDER 12 HRS. Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY u.s.

13a. FATHER'S NAME Robert Swadley

13b. MOTHER'S MAIDEN NAME Caroline Wood

14. NAME OF HUSBAND OR WIFE Clayton Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Valma Chambers California Mo.

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) Cardio-vascular disease hypertension
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral embolism DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 10 years 20 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 352X

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from May 6, 1950, to Jan 19, 1952, that I last saw the deceased alive on Jan 18, 1952, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edgar A. Kibbi M.D.

23b. ADDRESS California Mo

23c. DATE SIGNED 1/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/21/52

24c. NAME OF CEMETERY OR CREMATORY City Cemetery

24d. LOCATION (City, town, or county) (State) California, Mo.

DATE REC'D BY LOCAL REG. 1-21-52

REGISTRAR'S SIGNATURE H.B. Popey L.R. 207

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl Boulton California

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

0681

RECEIVED JAN 24 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 24 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Earl Bonkin

Licensed Embalmer No. 2126

P. O. Address California

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.