

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16276

State File No. _____

FILED MAY 26 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 50460

1. PLACE OF DEATH a. COUNTY <u>Howe</u> <u>0460</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howe</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (In this place) <u>46 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knox</u>			

3. NAME OF DECEASED (Type or Print) <u>Frederick Edward Jovan</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>30</u> (Year) <u>1952</u>		
a. (First)	b. (Middle)	c. (Last)	1. (Month)	2. (Day)	3. (Year)

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1-24-1906</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>West Plains Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>G. A. Jovan</u>	13b. MOTHER'S MARRIED NAME <u>Beela Shinkle</u>	13c. NAME OF HUSBAND OR WIFE <u>Frederick J. Jovan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u>499-10-7873</u>	17. INFORMANT'S SIGNATURE, OR NAME <u>Frederick Jovan, West Plains Mo</u>	ADDRESS <u></u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found burned to death at his home -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9160</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>046</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Howe Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sister Harris Deputy Coroner 3</u>	23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>24 Apr 52</u>
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24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>4-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barnett</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-19-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>	ADDRESS <u>West Plains Mo</u>
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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.

Student
Student Embalmer

Signed

A. D. Robertson

Licensed Embalmer No. *3437*

P. O. Address *West Haven Ct*

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.

cc: Mrs. Beatrice Cook
West Plains, Missouri

16276-52

Clyde A. Bridger,

Dear Sir:

This man was last seen alive, by his Mother, about 5:00 PM on the 29th., day of March he was not seen again until found by his son-in law on the evening of the 31st., day of March at 6:00 PM. The death was accidental since his clothing was ignited by a coal oil lamp which was found broken on the floor of his home. It is my opinion that this man had been some ten or twelve hours when found.

Respectfully,

Lester B. Davis

Sheriff and Deputy Coroner of Howell County, Missouri.

1952

S-16276