

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20405

State File No. ....

FILED JUL 5 1952

2671

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>42 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>100 EAST 36<sup>TH</sup> STREET</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>21038</u> d. STREET ADDRESS (If rural, give location) <u>4308 GARFIELD AVENUE</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>BELLE C. COVERT</u> c. (Last) _____		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JUNE 11-1952</u>	
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>OCT-22-1981</u>
<b>9. AGE</b> (In years last birthday) <u>70</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>EDGERTON, MISSOURI</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>	
<b>13a. FATHER'S NAME</b> <u>JAMES ANDERSON COCKRIE</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>ROSA ANN CLEMENTS</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>DR. E. R. COVERT</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>R. W. DURRETT</u> ADDRESS <u>3436 E 69<sup>TH</sup> ST. KANSAS CITY, MO.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Cerebral Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Previous Cereb. Hemiplegia</u> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		_____	
<b>22. I hereby certify that I attended the deceased from</b> <u>OCT 3, 1912</u> , to <u>JUNE 11, 1952</u> , that I last saw the deceased alive on <u>MAY 8, 1952</u> and that death occurred at <u>11:50 P. M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Harold Passman</u> (Degree or title) _____		<b>23b. ADDRESS</b> <u>Prof Bldg</u>	
<b>23c. DATE SIGNED</b> <u>6/13/52</u>		_____	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>JUNE 14 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ELMWOOD CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
<b>25. DATE REC'D BY LOCAL REG.</b> <u>6-13-52</u>	<b>25. REGISTRAR'S SIGNATURE</b> <u>Heraldine Holmes</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. H. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

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**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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City

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.