

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25499**

FILED AUG 6 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY <u>St. Francois 0942</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FLAT RIVER</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FLAT RIVER 0942</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>311 HICKORY</u>	
3. NAME OF DECEASED a. (First) <u>PAUL</u> b. (Middle) <u>H.</u> c. (Last) <u>COVINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 25, 1897</u>
9. AGE (In years last birthday) <u>54</u>		10. MONTH (Day) (Hour) (Min.) <u>8 27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Flat River, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wendell Covington</u>		13b. MOTHER'S MAIDEN NAME <u>MAYME HORN</u>	
14. NAME OF HUSBAND OR WIFE <u>Audrey Covington</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>493-03-9116</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Audrey Covington Flat River, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>	
19a. DATE OF OPERATION <u>Oct. 2, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Colon metastasis</u>	
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)		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 <u>July 1, 1951</u> to <u>July 22, 1952</u> that I last saw the deceased alive on <u>July 1, 1951</u> , 19 <u>51</u> , and that death occurred at <u>6 a</u> m. from the causes and on the date stated above.			
23a. SIGNATURE <u>J. L. Foster M.D.</u> (Degree or title)		23b. ADDRESS <u>Osage Mo</u>	
23c. DATE SIGNED <u>7-21-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>7/23-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park Bonne Terre, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell Flat River, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff 239</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

FEB 6 1953

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River 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.