

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34018**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 133

1080
 2

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

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3238</u> | |
| c. LENGTH OF STAY (In this place) <u>243m 23d</u> | | d. STREET ADDRESS (If rural, give location) <u>1900 Spruce Ave</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 3</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>- BOYD</u> c. (Last) <u>- DOVER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7, 1952</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Aug 31, 1881</u> |
| 9. AGE (In years last birthday) <u>71</u> | 10. MONTHS <u>1</u> | 11. DAYS <u>2</u> | 12. HOURS <u>1</u> MIN. <u>2</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Switchman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>New London Iowa</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Zacharia Dover</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ella Rowland</u> | 14. NAME OF HUSBAND OR WIFE <u>Lula Dover</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3</u> ADDRESS <u>Nevada</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | |
| MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>several years</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>Psychosis & Leptetic Meningo Encephalitis</u> | | | |
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>June 14, 1950</u> , to <u>Oct 7, 1952</u> that I last saw the deceased alive on <u>Oct 7, 1952</u> and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Paul L Barare M.D.</u> | | 23b. ADDRESS <u>State Hospital Nevada</u> | 23c. DATE SIGNED <u>Oct 7/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Oct 8, 52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> |
| DATE REC'D BY LOCAL REG. <u>10-11-52</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Caroline W. Hummer</u> | ADDRESS <u>Nevada Mo</u> |

OCT 24 1937

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

Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.