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FILED JUN 17 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20918

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5178 Registrar's No. 20

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

1. PLACE OF DEATH
a. COUNTY Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Jasper Township
c. LENGTH OF STAY (in this place) 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 15 M. N.W. Camdenton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence 1005
d. STREET ADDRESS (If rural, give location) 1312 Kensington

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Walter
c. (Last) Stover

4. DATE OF DEATH (Month) (Day) (Year) June 12, 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 21, 1881
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months 6 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Brick Mason
11. BIRTHPLACE (City and State or Foreign Country) Conway Co., Arkansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Wm. Stover
13b. MOTHER'S MAIDEN NAME Katherine Gray
14. NAME OF HUSBAND OR WIFE Irma Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Irma Stover, Independence, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE Gene N. Bartram 3 (Degree or title) CORONER
23b. ADDRESS Versailles, Mo.
23c. DATE SIGNED 6-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 13-53
24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery
24d. LOCATION (City, town, or county) (State) Independence, Missouri

DATE REC'D BY LOCAL REG. June 13-1953
REGISTRAR'S SIGNATURE Zilpha Traw 42-0
25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kidwell **ADDRESS** Versailles, Mo. W. F. Kidwell

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond C. Harber

Licensed Embalmer No. 4626

P. O. Address Versailles, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.