

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21331

State File No. _____

640

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY OR TOWN Springfield | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1400 Blk. N. Washington | | e. STREET ADDRESS (If rural, give location) 2410 E. High | |

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|-------------------------------------|----------------------------|----------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Benjamin | b. (Middle) H | c. (Last) Stover | 4. DATE OF DEATH (Month) (Day) (Year) July 8, 1953 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widoweder | 8. DATE OF BIRTH 24 July 1891 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frisco Forman | 10b. KIND OF BUSINESS OR INDUSTRY Frisco | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Andrew W. Stover | 13b. MOTHER'S MAIDEN NAME Martha E. Godesy | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I | 16. SOCIAL SECURITY NO. 702-07-6409 | 17. INFORMANT'S SIGNATURE OR NAME Arthur E. Stover, Springfield, Mo | ADDRESS _____ |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Occlusion | | DUPLICATE OF (b) _____ | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE OF (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

UNATTENDED BY A PHYSICIAN

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from _____, that I had seen the deceased alive on _____, and that death occurred at **5:10A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Edith Williamson Registrar of Vital Statistics | 23b. ADDRESS Greene County Court House Springfield, Missouri | 23c. DATE SIGNED 7/10/53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10 July 1953 | 24c. NAME OF CEMETERY OR CREMATORY Moffit Cemetery | 24d. LOCATION (City, town, or county) (State) Willow Springs, Mo. |
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| DATE REC'D BY LOCAL REG. 7-10-53 | REGISTRAR'S SIGNATURE Edith Williamson | 25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. | ADDRESS Springfield, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 14 1953

JUL 24 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.....
Signature of Student Embalmer

Signed.....
Max Rhode

Licensed Embalmer No. 40

P. O. Address.....
Spring

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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