

STANDARD CERTIFICATE OF DEATH

State File No. **42386**

FILED JAN 5 1954

BIRTH NO. 950116 REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u> <u>0251</u>	
c. LENGTH OF STAY (In this place) <u>45 MIN</u>		d. STREET ADDRESS (If rural, give location) <u>CAMERON COMMUNITY HOSP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAMERON COMMUNITY HOSP</u>		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <u>Michael</u>		a. (First) <u>Stover</u>	b. (Middle)
c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-1953</u>		5. SEX <u>M</u>
6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Dec 28-53</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>12</u> Days <u>29</u> IF UNDER 12 HRS: <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton-Cameron Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Everett Stover</u>	13b. MOTHER'S MAIDEN NAME <u>Tanya Weisgerber</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>2</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Stover</u> ADDRESS <u>Polo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth 5 1/2 mo</u> INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		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		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)	<u>776X</u>
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 12-28-53, 10:00, to 12-29, 1953, that I last saw the deceased alive on 12-29, 1953, and that death occurred at 12:29 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.P. Kruis</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>12-30-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pavine Ridge</u>
24d. LOCATION (City, town, or county) (State) <u>Polo. Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. W. Moseley</u> ADDRESS <u>Polo Mo.</u>	DATE REC'D BY LOCAL REG. <u>12-30-53</u>

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

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 *Robert F. Palau*

Licensed Embalmer No. *4777*

P. O. Address *222 West 21st St
New York*

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.