

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43899**

5. No. 300  
v. 10. 48

FILED JAN 8 1954

BIRTH NO: \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bowling Green, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>3 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>East Church Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>E</b> c. (Last) <b>Stover</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 23 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 30 1891</b>	9. AGE (In years last birthday) <b>62</b>	10 UNDER 1 YEAR <b>0</b> Months <b>23</b> Days	11 UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner-Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Store-Retail</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Luray, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Willard Stover</b>	13b. MOTHER'S MAIDEN NAME <b>Miranda Scott</b>	14. NAME OF HUSBAND OR WIFE <b>Fern Stover</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>498 01 2583</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Henry Stover</b>	ADDRESS <b>Bowling Green, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>diabetes</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **6-25, 1952, to 12-23, 1953**, that I last saw the deceased alive on **12-23, 1953**, and that death occurred at **7:08 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John H. Hooper, M.D.</b> (Degree or title)	23b. ADDRESS <b>Charlottesville, Mo.</b>	23c. DATE SIGNED <b>12-29-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 26 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Canton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Canton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 30, 1953</b>	REGISTRAR'S SIGNATURE <b>Bernice Callier</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. O. Mudd</b>	ADDRESS <b>Funeral Home</b>
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(Licensed Embalmer's Statement on Reverse Side) **Bowling Green, Mo.**

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

MAR 27 1954

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

*James C. Mudd*

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.