

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1797

State File No.

FILED FEB 1 1954
BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Rock Township		c. LENGTH OF STAY (In this place) 5 Months		c. CITY OR TOWN near Barnhart, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Barnhart, Mo.				e. STREET ADDRESS (If rural, give location) near Barnhart, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) KENNEDY c. (Last) CLOVER			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1954				
5. SEX M. <input checked="" type="checkbox"/> W. <input type="checkbox"/>	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 18, 1895		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10b. KIND OF BUSINESS OR INDUSTRY Service Station		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Thomas Clover		13b. MOTHER'S MAIDEN NAME Eva. Adams		14. NAME OF HUSBAND OR WIFE Viola Wilson Clover			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. T. Clover Barnhart, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Failure. DUE TO (c) Natural Cause				INTERVAL BETWEEN ONSET AND 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) Rock Township Jefferson Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 16, 1954 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) P.B. Edwards, M.D. Coroner				23b. ADDRESS Cedarville Mo		23c. DATE SIGNED 1/16/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19, 54	24c. NAME OF CEMETERY OR CREMATORY Hillsboro Cemetery		24d. LOCATION (City, town, or county) (State) Hillsboro, Mo.		
DATE REC'D BY LOCAL REG. Jan 17 1954		REGISTRAR'S SIGNATURE Duth Giosa		25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home		ADDRESS Imperial, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1954

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN 26 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.....
Signature of Student Embalmer

Signed *Arthur W. Healy*.....
Licensed Embalmer No. 3177

P. O. Address *Impress*.....

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.