

STANDARD CERTIFICATE OF DEATH

9384

State File No.

FILED MAR 16 1954

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5748 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mine La Motte</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mine La Motte, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Mine La Motte, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mine La Motte, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ferdinand</u> b. (Middle) <u>Hovis</u> c. (Last) <u>Hovis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 3, 1880</u>	9. AGE (In years last birthday) <u>73</u>	10 UNDER 1 YEAR Months <u>3</u> Days <u>4</u>	11 UNDER 1 HR. Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Iron County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>George Hovis</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Callie Dona Hovis</u>			
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Underwood, Rt. #3</u> ADDRESS <u>Fredericktown, Mo.</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular fibrillation</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
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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 Mar 1, 1952, to Mar 7, 1954, that I last saw the deceased alive on Mar 6, 1954, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. W. Deleyue D.O.</u>		23b. ADDRESS <u>Fredericktown Mo.</u>		23c. DATE SIGNED <u>3/9/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/10/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knob Lick, Mo.</u>	
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DATE REC'D BY LOCAL REG <u>3-9-54</u>		REGISTRAR'S SIGNATURE <u>Therence Fickel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Najim Funer al Home Fredericktown, Mo.</u>			
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 19 1954

DEPT.
FREDERICKTOWN, MO.

RECEIVED
MAR 15 1954

FILE No. 324-16

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles M. Kelly

Signed.....

Student Embalmer

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.