

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12999**

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **822**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LaFayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly About		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Henrietta	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes' Hospital		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) **WILLIAM ARTHUR COVEY** b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) **April 9, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Mar. 3, 1884** 9. AGE (In years last birthday) **70** # UNDER 1 YEAR Months _____ # UNDER 2 YEARS Days _____ # UNDER 24 HRS. Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sec. Foreman** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and State or Foreign Country) **Orrick, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Charles Covey** 13b. MOTHER'S MAIDEN NAME **Rebecca Poneioy** 14. NAME OF HUSBAND OR WIFE **Nannie Hughes**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Nannie H. Covey, Henrietta, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Peripheral Vascular Failure and Cerebro-Vascular Accident**

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

DUE TO (b) **Hypertensive Heart Disease**

DUE TO (c) **Generalized Arteriosclerosis**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 Month**

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **443X** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) **None** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Mar. 20, 1954**, to **April 9, 1954**, that I last saw the deceased alive on **Apr. 9, 1954** and that death occurred at **11:10 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Deaf or title) **D. W. Anderson M.D.** 23b. ADDRESS **415 Woodland Avenue Moberly, Missouri** 23c. DATE SIGNED **4/12/54**

24. NAME OF CEMETERY OR CREMATORY **Todds Chapel Cemetery** 24d. LOCATION (City, town, or county) (State) **Richmond, Ray County, Mo.**

DATE REC'D BY LOCAL REG. **4-11-54** REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wm. H. Hummel Home, Richmond, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

APR 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 Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Va.

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.