

FILED NOV 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 36495

BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 583

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF</u>		c. LENGTH OF STAY (In this place) <u>3 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLEN ALLEN</u>		00901
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>R #1</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ed</u>	b. (Middle) <u>BURTON</u>	c. (Last) <u>HOVIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-31-1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 22-1897</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>WAYNE COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>PONY HOVIS</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE WARD</u>		14. NAME OF HUSBAND OR WIFE <u>GLADYS RICHARDS</u>	
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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Hovis Allen Mo</u> ADDRESS <u>Blen Allen Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>	ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma lacuum</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>					
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)			
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 <u>12-29</u> <u>10:54</u> to <u>10-31-</u> , <u>1955</u> , that I last saw the deceased alive on <u>10-31-</u> , <u>1955</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. R. ...</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>11/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MODYER CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR MARGUARD MO</u>		
DATE RECD BY LOCAL REG. <u>11/10/55</u>	REGISTRAR'S SIGNATURE <u>J. R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. ...</u>		ADDRESS <u>Wasselle Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 16 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Bell City, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.