

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY OR TOWN <u>New Hampton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Part of New Hampton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>110</u>	
		e. STREET ADDRESS (If rural, give location) <u>North Part of New Hampton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Lucien</u> c. (Last) <u>Cover</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1956</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>July 29, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Feed Grain - Pork</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James H. Cover</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Pine</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Cover</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-01-4450A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Cover</u>	ADDRESS <u>New Hampton</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 HRS</u> <u>10 YRS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>ARTERIO SCLEROSIS</u> DUE TO (c) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from 1953 to 2-4, 1956, that I last saw the deceased alive on 2-4, 1956, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Green</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>New Hampton Mo</u>	23c. DATE SIGNED <u>2/5/56</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>848121</u>	24b. DATE <u>2-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-8-56</u>	REGISTRAR'S SIGNATURE <u>Zola Burres</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble</u>	ADDRESS <u>9th New Hampton</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *W. G. Noble*

Licensed Embalmer No. *290*

P. O. Address *New Hampsh.*

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.