

FILED APR 1-1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9539**

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5595** Registrar's No. **23**

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JEFFERSON	
b. CITY OR TOWN RURAL ROCK TOWNSHIP	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ON HIGHWAY 61-67 NEAR BARNHART MO.		e. STREET ADDRESS (If rural, give location) 5864 ENRIGHT. 2051	

3. NAME OF DECEASED (Type or Print)	a. (First) LOLA	b. (Middle) DOVER	c. (Last)	4. DATE OF DEATH (Month) (Day), (Year) MAR 25-1956
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5. SEX F.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR 7, 1908	9. AGE (in years last birthday) 47	# UNDER 1 YEAR Months Days	# UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) JONESBORO, ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE JONES.	13b. MOTHER'S MAIDEN NAME DELLA JONES MILLS	14. NAME OF HUSBAND OR WIFE LAWRENCE DOVER.
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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) No NONE.	16. SOCIAL SECURITY NO. NONE.	17. INFORMANT'S SIGNATURE OR NAME MRS W.F. BALDWIN	ADDRESS POPLAR BLUFF MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car to collision		INTERVAL BETWEEN ONSET AND DEATH
	. ANTECEDENT CAUSES Morbidity 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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	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)	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 _____, 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 Arthur B. Tweedy, D.O. Coroner's Physician	Degree or title Physician, Mo.	23b. ADDRESS Festus, Mo.	23c. DATE SIGNED 3-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-26-56.	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	24d. LOCATION (City, town, or county) (State) POPLAR BLUFF MO.
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DATE REC'D BY LOCAL REG. 3/31/1956	REGISTRAR'S SIGNATURE Ruth Jansa	25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL	ADDRESS POPLAR BLUFF MO.
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(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 7 1958
MAY 2 1958
APR 4 1958

MAY 7 1958

MAY 23 1958
APR 2 1958

APR 11 1958

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.....

Licensed Embalmer No.....

P. O. Address.....

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.