

FILED SEP 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28244

STATE FILE NUMBER

1003

6674

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wellston		4301	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital			Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 1552 a Wellston Ave			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES ARTHUR COVERT SR.				4. DATE OF DEATH Month Day Year July 16, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 5, 1902	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Man			10b. KIND OF BUSINESS OR INDUSTRY Fisher Body Co.	11. BIRTHPLACE (City and state or country) Thompsonville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Albert Covert				14. MOTHER'S MAIDEN NAME Sylvia Ellis Eldridge			
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. 353-03-1539		17. INFORMANT Address Mrs. C.A. Covert Sr. 1553a Wellston Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>						INTERVAL BETWEEN ONSET AND DEATH <i>about 10 days</i>	
DUE TO (b) <i>acute gastritis</i>						6 mo	
DUE TO (c) <i>421.0</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) --						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>July 6</i> to <i>July 16</i> and last saw her alive on <i>July 16-56</i> Death occurred at <i>8 P.</i> m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <i>C. I. Shepherd M.D.</i>				22b. ADDRESS <i>1259 N. Kings Highway, Joplin, Mo.</i>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 17, 1956	23c. NAME OF CEMETERY OR CREMATORY Boner Cemetery		23d. LOCATION (City, town, or county) (State) West Frankfort, Illinois		
24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton				25. DATE RECD. BY LOCAL REG. JUL 17 1956		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> S.P.	

REC. 64 NOV 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, ~~or by~~..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmo R. Padua*.....

Licensed Embalmer No.....7

P. O. Address *St. Lo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.