

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

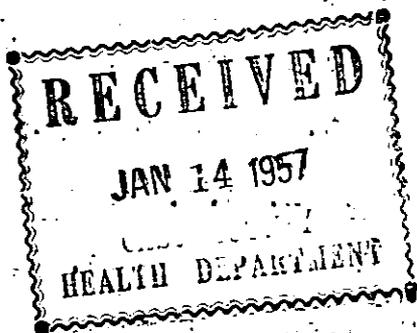
579

STATE FILE NUMBER

FILED JAN 17 1957

Registration District No. 59 Primary Registration District No. 5226 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mt. Pleasant Twp.		Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. s.e. Belton		Length of stay in lb 1 yr		d. STREET ADDRESS 3 mi. s.e. Belton	
3. NAME OF DECEASED (Type or print) DANNY <i>First</i> LEE <i>Middle</i> COVINGTON <i>Last</i>			4. DATE OF DEATH Jan. 5, 1957 <i>Month Day Year</i>		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 27, 1955	9. AGE (In years last birthday) 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jerial D. Covington			14. MOTHER'S MAIDEN NAME Kathleen Deline		
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. None	17. INFORMANT J. D. Covington		Address Belton, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A tressis of bile ducts and absence of extra hepatic bile ducts with biliary cirrhosis of liver. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 14 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7562					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 6/10/1956 to 1/5/1957 and last saw ^{her} him alive on 7/15/1956 Death occurred at 1:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Herbert Miller M.D.			22b. ADDRESS Un. Kansas Medical Center Kansas City 12, Kansas		22c. DATE SIGNED 1-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 7, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cem.		23d. LOCATION (City, town, or county) (State) Vernon Co., Mo.	
24. FUNERAL DIRECTOR E. K. George & Sons		ADDRESS Belton, Mo.		25. DATE RECD. BY LOCAL REG. 1-12-1957	26. REGISTRAR'S SIGNATURE Prudile Anderson <i>deputy</i>



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 *Richard E. Gear*

Licensed Embalmer No. *39*

P. O. Address *Beets*

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.