

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3767**

FILED MAR 4 1957

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **202**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY- ⁰¹¹³ OR TOWN St. Joseph ⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		Length of stay in lb 3mos-26days	d. STREET ADDRESS (If outside, give location) 5507 King Hill Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)
First **CHARLES** Middle **CLEVELAND** Last **HOVEY**

4. DATE OF DEATH
Month **FEBRUARY** Day **24** Year **1957**

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 June 30, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintenance	10b. KIND OF BUSINESS OR INDUSTRY church	11. BIRTHPLACE (City and state or country) Platte County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME **Ira James Hovey**

14. MOTHER'S MAIDEN NAME **Martha Tyler**

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. unknown	17. INFORMANT Address Vernie Hovey, wife, St. Joseph, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **chronic myocarditis**

INTERVAL BETWEEN ONSET AND DEATH **on admmiss.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____

_____ } DUE TO (c) _____

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?
4222
YES NO

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.)
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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 St. Joseph	COUNTY Buchanan	STATE Missouri
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21. I attended the deceased from **Feb 24, 1957** to **Feb 24, 1957** and last saw **him** alive on **Feb 24, 1957**
Death occurred at **11:30A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.P. Price M.D.	22b. ADDRESS State Hospital #2, City	22c. DATE SIGNED 2/24/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Feb 26, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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24. FUNERAL DIRECTOR ADDRESS John [Signature] St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Feb 28, 1957	26. REGISTRAR'S SIGNATURE Ethel M. Allison
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-56
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms were observed.
No standard nomenclature in item 18. No symptoms were observed.
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER .

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, ~~only~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John E. Rupp

Licensed Embalmer No. 39

P. O. Address *St. Joseph*

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.