

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019021

STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 30

Health,
Welfare
Public
Service

300
1-56

Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Princeton, Mo Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Princeton, Mo <u>0650</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION ----- life		d. STREET ADDRESS ----- (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Viola J. Covey			4. DATE OF DEATH 5-15-58
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-24-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Liquor Store	9. AGE (In years as of birthday) 67 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Mercer Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Mulvania		14. MOTHER'S MAIDEN NAME Rosetta Byrd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 495-38-9370 17. INFORMANT Lloyd Covey Address Princeton, 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) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH Not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Sudden death. Found dead in bed at 2.15 A.M.			
DUE TO (c) Due to Cardio vascular Renal disease.			
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"/> 2
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 <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 For 20 years. to _____ and last saw her/him alive on May 14 1958 Death occurred at Princeton, Mo m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. B. Bristol (Degree or title)		22b. ADDRESS Princeton, Mo	
		22c. DATE SIGNED 5-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-17-58	
23c. NAME OF CEMETERY OR CREMATORY Princeton		23d. LOCATION (City, town, or county) (State) Princeton, Mo	
24. FUNERAL DIRECTOR Noel Moss ADDRESS Princeton, Mo		25. DATE RECD. BY LOCAL REG 5-15-58	
		26. REGISTRAR'S SIGNATURE Paul Marshall	

MAY 28 1959

JUL 13 1959

VSA
MAY 28 1959

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.....
Joe Mass

Licensed Embalmer No. *96*

P. O. Address *Quincy*

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.