. Health,
& Welfare
. Public
h Service
96
S. 300 4
. 1-57

Dr. Hanss

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-025155

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 743

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DAVIS REST HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD 0396 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1332 WASHINGTON — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ANNIE Middle E. Last COOVER

4. DATE OF DEATH Month JULY Day 25 Year 1958

5. SEX FEMALE 1

6. COLOR OR RACE WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH AUG. 18 1860

9. AGE (In years last birthday) 97 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) LONDON, CANADA 2

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM H. LANCASTER

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE LINK COOVER (DEC.)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NO

17. INFORMANT L.L. COOVER Address SPRINGFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1948, to 1958 and last saw her alive on July 23, 1958
Death occurred at 11;20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A W Hanss M.D.

22b. ADDRESS Springfield, Mo.

22c. DATE SIGNED 7-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 7/28/58

23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD

23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.

24. FUNERAL DIRECTOR H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG. 7-28-58

26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

AUG 4 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 ..... Signed H L McCann
Signature of Student Embalmer

Licensed Embalmer No. 2727
P. O. Address Springfield Mo

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.