

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013936
STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 172 Primary Registration District No. 5642 4273 Registrar's No. 3128

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1-57

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1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREEDOM		c. CITY OR TOWN KANSAS CITY 3759	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 MI. WEST CONCORDIA		d. STREET ADDRESS 1017 ARNO ROAD	
Length of stay in lb 5 MIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Clarence Earl Hovey			4. DATE OF DEATH Month Day Year 5-8-1959		
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5. SEX M	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 8-17-1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY AT LAW	10b. KIND OF BUSINESS OR INDUSTRY LAW.	11. BIRTHPLACE (City and state or country) KANSAS CITY, KAN. A U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ANDREW T. HOVEY	13b. MOTHER'S MAIDEN NAME MYRTLE VICKERS	14. NAME OF HUSBAND OR WIFE MARGARET HOVEY
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	16. SOCIAL SECURITY NO. NO	17. INFORMANT Address R. L. BOSWELL KANSAS CITY 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) Shock + hemorrhages due to multiple fractures + head injuries		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) multiple fractures + head injuries		
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Motor Car Collision
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20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40	20f. CITY, TOWN, OR LOCATION COUNTY STATE Concordia Lafayette MO
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21. I attended the deceased from After death on 5-9-59 and last saw him alive on never Death occurred at About 11:05 pm m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Dr. Martin MD Coroner -3	22b. ADDRESS Odesa Mo	22c. DATE SIGNED 5/9/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5/9/59	23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAH	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO
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24. FUNERAL DIRECTOR E. L. Gurne	ADDRESS Concordia Mo	25. DATE RECD. BY LOCAL REG. 5-13-59	26. REGISTRAR'S SIGNATURE Thomas O'Donovan
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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MAY 1 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 Mr....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....
P. O. Address Concordia.....

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.