OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1959

59–020441
STATE FILE NUMBER

MENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 703

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 46 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1603 Grand Avenue — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1603 Grand Ave., — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EMMA Middle Last COVILL
4. DATE OF DEATH: Month July Day 6 Year 1959
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan. 6, 1881
9. AGE (last birthday): 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: of the home
11. BIRTHPLACE (City and state or country): Hastings, Nebraska
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Peter Zobel
13b. MOTHER'S MAIDEN NAME: ~~Unknown~~ Minnie Gross
14. NAME OF HUSBAND ~~OR WIFE~~: Ward Covill, (deceased)
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.: None
17. INFORMANT: Lavern Covill, Address: 1603 Grand Ave., St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years +.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis Generalized
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 9-8-56, to 7-6-59 and last saw her/him alive on 7-6-59
Death occurred at 11:05 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Irwin S. Rosenthal M.D.
22b. ADDRESS: St Joseph Mo
22c. DATE SIGNED: 7-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July, 8, 1959
23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

24. FUNERAL DIRECTOR: Stamey Funeral Home (GHS) — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: July 10, 1959
26. REGISTRAR'S SIGNATURE: Mrs Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF I.S. Rosenthal, M.D. — MEDICAL CERTIFICATION — DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~under~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin C. Bazan

Licensed Embalmer No. 4795

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.