

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1959

59-021113

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No.

Registrar's No. 168

1. PLACE OF DEATH

a. COUNTY

Henry Co

b. CITY (If outside corporate limits, give TOWNSHIP only)

Windsor Mo

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)

Windsor Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Henry

c. CITY

OR

TOWN

Windsor

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

R. 7. D. #3

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

Michael Eugene Dove

4. DATE

Month

Day

Year

OF

DEATH

July 1

1959

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☒

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

July 1, 1959

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Windsor Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Gerald Dove

13b. MOTHER'S MAIDEN NAME

Erma Ruseh

14. NAME OF HUSBAND OR WIFE

R. 7. D. #3

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Gerald Dove Windsor Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH

2-3 1/2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Anoxia

7 Hrs

DUE TO (c)

Prolonged Anoxia during labor + A

9 Hrs

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.

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

July 1 - 27 to July 1, 59

and last saw her alive on July 1, 59

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Gordon W. Bessel MD.

22b. ADDRESS

114 N. Main, Windsor, Mo

22c. DATE SIGNED

6 July 59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-2-59

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or country)

Sedalia

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

M^cLaughlin Bros Sedalia

25. DATE RECD. BY LOCAL REG.

July 8-59

26. REGISTRAR'S SIGNATURE

Mildred Bigum

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

K.P.M. Leno

Licensed Embalmer No.

3153

P. O. Address

Sedalia

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.