

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS JAN - 6 1960 59

STATE FILE NUMBER

Registration District No. 29 Primary Registration District No. \_\_\_\_\_ Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DREXEL</u>		Length of stay in 1b <u>2 YRS.</u>	c. CITY OR TOWN <u>DREXEL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	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) First Middle Last <u>WALLACE PEMBERTON HOVERDER</u>			4. DATE OF DEATH Month Day Year <u>DEC. 26, 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-17-1895</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD INSPECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and state or country) <u>SNAMON PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES LWIN HOVERDER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL HOVERDER</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. <u>702-16-0951</u>	17. INFORMANT Address <u>ETHEL HOVERDER DREXEL, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Recurrent Cerebral Thrombosis</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 WORK <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 <u>DREXEL, MO</u>	COUNTY	STATE
21. I attended the deceased from <u>Dec 1, 1959</u> to <u>Dec 26</u> and last saw <sup>her</sup> him <u>live</u> on <u>Dec 25, 1959</u> Death occurred at <u>2:06 p.m. 2:06 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Barry Johnston M.D.</u>		22b. ADDRESS <u>Drexel Mo</u>		22c. DATE SIGNED <u>12/26/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-28-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SHARON CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>DREXEL, MO</u>	

24. FUNERAL DIRECTOR <u>RUNYAN FUNERAL HOME</u>	ADDRESS <u>DREXEL, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>1-2-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Ray Sebrer</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 5 1930

STATEMENT BY LICENSED EMBALMER

JAN 13

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Larry L. Todd, Student Embalmer No. 563  
working under my personal supervision.

Student Larry L. Todd  
Signature of Student Embalmer

Signed Serald E. White

Licensed Embalmer No. 4956

P. O. Address Franklin, N.C.

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.