

# BUREAU OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 10 1960

=60-015836

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN, MO.</b>		Length of stay in 1b <b>LIFE</b>	c. CITY OR TOWN <b>JOPLIN, MO.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>1831 GRAND ST.</b> (If outside, give location)
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>VIOLA</b> Middle <b>MAE</b> Last <b>COVEY</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>28</b> Year <b>1960</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/9/1922</b>	9. AGE (last birthday) <b>38</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>ORONOGO, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>IVAN RIGGS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ANN FULLERTON</b>		14. NAME OF HUSBAND OR WIFE <b>THOMAS R. COVEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <b>NO</b> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT Address <b>1831 GRAND JOPLIN, MO.</b> <b>MR. THOMAS R. COVEY</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Intestinal obstruction and Hemorrhage</u>		<u>2 month</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u>		<u>6 mo</u>
DUE TO (c) <u>Adenocarcinoma Sigmoid Colon</u>		<u>5 years</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	COUNTY	STATE
21. I attended the deceased from <u>April 25, 1960</u> to <u>4-28-60</u> and last saw her <u>alive</u> on <u>4-28-60</u> Death occurred at <u>11:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>V. Del Christ MD</u> (Degree or title)		22b. ADDRESS <u>Joplin Mo.</u>		22c. DATE SIGNED <u>5-2-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4/30/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY JOPLIN, MO.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-4-1960</b>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

JUN 14 1960

**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 Harvey E. Bruce  
Licensed Embalmer No. 4465  
P. O. Address Joplin 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.