

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960 937

-60-025512

Registration District No. 4776 Primary Registration District No. 47 Registrar's No. 47

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville, Missouri		Length of stay in 1b 5 weeks		c. CITY OR TOWN Shelbyville,		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 checked="" 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 Pearl Middle J. Last Covert				4. DATE OF DEATH Month June Day 22 Year 1960				
5. SEX Male	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 May 4/1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 1 Days 19	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			10b. KIND OF BUSINESS OR INDUSTRY Retired Barber		11. BIRTHPLACE (City and state or country) Hiawatha, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Morris Covert			13b. MOTHER'S MAIDEN NAME Millie Ann Gilson			14. NAME OF HUSBAND OR WIFE Jessie Covert		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes War #1.			16. SOCIAL SECURITY NO. 505-12-8034		17. INFORMANT Jessie Covert Address Shelbyville, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Causes of Pancreas Primary DUE TO (b) DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 9	
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 pregnant 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 a.m. p.m. 		Month, Day, Year 						
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 June 5 1960 to June 22 1960 and last saw him alive on June 22 1960 Death occurred at 6:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE P. G. Covert M.D. (Degree or title)				22b. ADDRESS Shelbyville, Mo			22c. DATE SIGNED 6-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 24/60	23c. NAME OF CEMETERY OR CREMATORY Wyuka Cemetery		23d. LOCATION (City, town, or county) Nebraska City, Neb.		(State)	
24. FUNERAL DIRECTOR C.W. Musgrove, Bethel, Missouri.				25. DATE RECD. BY LOCAL REG. June 27-60		26. REGISTRAR'S SIGNATURE Ada Garrison		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 70P

OCT 25 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 BW Musgrave

Licensed Embalmer No. 2719
P. O. Address Bethel, Me

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