RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038737

STATE FILE NUMBER

LED VS OCT 26 1960

DED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 492

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 8 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1302 West 26th
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1302 West 26th Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Donald Middle: L. Last: Hovencamp
4. DATE OF DEATH: Month: 10 Day: 18 Year: 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/6/1879
9. AGE (last birthday): 81
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): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mecklenburg, N.Y.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: David Hovencamp
13b. MOTHER'S MAIDEN NAME: Sarah Larrison
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Spanish American War
16. SOCIAL SECURITY NO.:
17. INFORMANT: Winifred Evans Address: 1302 West 26th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Valvular Heart Lesions
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 Jan 20 1960 to Oct 18-1960 and last saw her/him alive on Sept 29-1960
Death occurred at Eleven a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Douglas M.D.
22b. ADDRESS: 210 West 32nd Joplin Mo
22c. DATE SIGNED: Oct 18, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 10-21-1960
23c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial
23d. LOCATION (City, town, or county) (State): Joplin Mo

24. FUNERAL DIRECTOR ADDRESS: Hurlbut-Glover Mortuary, Inc. Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 10-21-60
26. REGISTRAR'S SIGNATURE: Dorre Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 27 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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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