MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015999

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0621
2 0621
3
4 1
5 2
6
7 0
8 2
9 331X
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12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 43

FILED MAY 1 1962

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FREDERICKTOWN — Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MADISON Co. MEMORIAL HOSP. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: MADISON
c. CITY OR TOWN: FREDERICKTOWN — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 401 So. MAIN — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: MARY Middle: ANN ELIZABETH Last: HOVIS

4. DATE OF DEATH: Month: APRIL Day: 27 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10-11-1877
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months 6 Days 16 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): GRAVELTON, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William H. STROUP
13b. MOTHER'S MAIDEN NAME: MARY E. WRIGHT
14. NAME OF HUSBAND OR WIFE: THEODORE HOVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: WAYNE HOVIS, Address: 709 South MAPLE St., FREDERICKTOWN, MO.

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): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): cerebral arteriosclerosis
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Auricular fibrillation
Common duct stone removed 1 mo prior to death

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 ~~[illegible]~~ 3-25-62, to 4-27-62 and last saw her/him alive on 4-26-62
Death occurred at 1:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George L. Watkins (Degree or title) MD
22b. ADDRESS: Farmington Mo
22c. DATE SIGNED: 4-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-29-62
23c. NAME OF CEMETERY OR CREMATORY: GRAVELTON CEMETERY
23d. LOCATION (City, town, or county) (State): GRAVELTON, MISSOURI

24. FUNERAL DIRECTOR: SAM NAJIM, JR. ADDRESS: FREDERICKTOWN, MO.
25. DATE RECD. BY LOCAL REG.: 4-28-1962
26. REGISTRAR'S SIGNATURE: Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles F. Reiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E. College
Fredericktown 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.