

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033488

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 62

FILED AUG 22 1962

VS 300	DATE AMENDED
Rev. 4/59	
1 <u>11:00</u>	
2 <u>11:00</u>	
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8 <u>2.</u>	
<u>9794X</u>	
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12 <u>90-3</u>	
13 <u>1-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Breton</u>		Length of stay in 1b <u>6 mos.</u>	c. CITY OR TOWN <u>Mineral Point</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mineral Point Rte.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt#1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Richard</u> Last <u>Cover</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>17</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/6/84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm-Church</u>	11. BIRTHPLACE (City and state or country) <u>Belgrade, Mo.</u>
13a. FATHER'S NAME <u>Henry Cover</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Midgett</u>	14. NAME OF HUSBAND OR WIFE <u>Ava Gilliam Cover (d)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Albert Cover, Bonne Terre, 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>Infinities of old age</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 _____ 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 <u>Route one Mineral Point, Washo Mo.</u>
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at <u>11:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>D. H. Gibson, D. O. Coroner</u>		22b. ADDRESS <u>Potosi, Mo.</u>	22c. DATE SIGNED <u>8-19-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/19/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Gum & Son Potosi, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8/19/62</u>	26. REGISTRAR'S SIGNATURE <u>Albert Kendall</u>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 27 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 William H. Green

Licensed Embalmer No. 5155

P. O. Address Potosi, 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.