X

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023630

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 136

FILED JUN 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 6004
2 6003
3 2
4 1
5 0
6
7 1
8 2
9 331 X
10
11
12 6-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City — Length of stay in 1b: 2 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): NKC Mem. Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Liberty — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 317 Arthur — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Lena Middle Last Covington

4. DATE OF DEATH: Month June Day 8 Year 1963

5. SEX: Fe
6. COLOR OR RACE: Cauc
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH: 7-30-80
9. AGE (last birthday): 82 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and state or country): Jessamine Ktz
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Benjamin Covington
13b. MOTHER'S MAIDEN NAME: Occahonnas Brooks
14. NAME OF HUSBAND OR WIFE: none

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.
17. INFORMANT: Ruth Covington Address: Liberty, Mo.

18. CAUSE OF DEATH (Enter only one cause p[redacted]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cerebral hemmorrhage — 4 Days

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. ☐ 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 June 7 1963 to June 8 1963 and last saw her alive on June 8 1963
Death occurred at 3:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ruth Williams MD
22b. ADDRESS: Liberty Missouri
22c. DATE SIGNED: 6-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-10-63
23c. NAME OF CEMETERY OR CREMATORY: Fairview
23d. LOCATION (City, town, or county) (State): Liberty Mo

24. FUNERAL DIRECTOR: Church-Archer Co. ADDRESS: Liberty Mo
25. DATE RECD. BY LOCAL REG.: 6-10-63
26. REGISTRAR'S SIGNATURE: Marguerite Hudgins

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Harold G. Smith

Signature of Student Embalmer

Licensed Embalmer No. 4675

P. O. Address Liberty, 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.