

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42087

State File No.

No. 300
10.48

DEC 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>4204</u>		Registrar's No. <u>182</u>		
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>		0409		
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adam</u> b. (Middle) <u>John</u> c. (Last) <u>Dover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 17 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 12 1876</u>		
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter painter</u>		11. BIRTHPLACE (State or foreign country) <u>Nashville Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>own Business</u>		13a. FATHER'S NAME <u>John Dover</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Truman</u>		14. NAME OF HUSBAND OR WIFE <u>OsD Dover</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Y</u> (If yes, give way or dates of service) <u>Spanish American</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OsD Dover Laredo Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Ca, primary with metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Generalized arterio-sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>10 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>162x</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>May</u> , 1952, to <u>Dec 17</u> , 1952, that I last saw the deceased alive on <u>Dec 16</u> , 1952, and that death occurred at <u>3:15 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>C. L. Clark</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Trenton Mo</u>			23c. DATE SIGNED <u>12-17-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/19/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laredo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laredo Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-19-52</u>		REGISTRAR'S SIGNATURE <u>Jane</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Robertson Funeral Home Laredo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 15 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. Robertson

Signed.....
Student Embalmer

Licensed Embalmer No. *24388*

P. O. Address *Laredo TX*

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 this body is not embalmed, fact should be so stated above.