

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **45198**

FILED JAN 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6241</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY OR TOWN <u>Rural - Britton Twp</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Britton Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mar Pateri</u>				d. STREET ADDRESS (If rural, give location) <u>Mar Pateri</u>			
3. NAME OF DECEASED (Type or Print) <u>Betty</u>		a. (First) <u>Betty</u>		b. (Middle) <u>Gunn</u>		c. (Last) <u>Cover</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>March 7 1945</u>		9. AGE (In years of UNDER 1 YEAR last birthday) <u>7</u>		10. MONTHS <u>9</u>		DAYS <u>24</u> HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oshtemo Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lincoln Cover</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Johnson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lincoln Cover Mineral Point Mo. RR.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES <u>Influenza</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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>Dec. 30, 1952</u> to <u>Dec. 31, 1952</u> that I last saw the deceased alive on <u>Dec. 31, 1952</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph L. Plummer, M.D.</u> (Degree or title)				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>1-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>1-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Joseph Chappellem</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/6/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Mar Pateri Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 23 1953

ED

853

DEPT.

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
Student Embalmer

Signed *Murphy Sparks*

Licensed Embalmer No. *4256*

P. O. Address *Flat River, 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 this body is not embalmed, fact should be so stated above.