

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8441**

No. 300
10-48

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5557 Registrar's No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Howell | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PEACE VALLEY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PEACE VALLEY | |
| c. LENGTH OF STAY (in this place) 50 yrs. | | 0460 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION X | | d. STREET ADDRESS (If rural, give location) X | |

| | | | | | |
|---|-------------|-----------|--|------|------|
| 3. NAME OF DECEASED (Type or Print) ALVIN BOOZE STOVER. | | | 4. DATE OF DEATH 2-25-54 | | |
| a. (First) | b. (Middle) | c. (Last) | Month | Day | Year |
| 5. SEX 0 MF | | | 6. COLOR OR RACE W | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | | | 8. DATE OF BIRTH 6-28-76 | | |
| 9. AGE (In years last birthday) 77 | | | of UNDER 4 HRS. Hours | Days | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | | |
| 11. BIRTHPLACE (State or foreign country) OVERTON CO., TENN., / | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

| | | | | | |
|---|--|--|--|--|----------------------------------|
| 13a. FATHER'S NAME JOHN STOVER | | 13b. MOTHER'S MAIDEN NAME MARY HARGROVE | | 14. NAME OF HUSBAND OR WIFE ANNA R. STOVER | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME RUTH BOYD, PEACE VALLEY, MO | |
| 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 | | | INTERVAL BETWEEN ONSET AND DEATH |

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIABETES MELLITUS

ANTECEDENT CAUSES

Persistent Chronic Hypertrophic Arthritis - 1340's

Gytonephritis, chronic

Prostatitis, chronic, Hypertrophic

Multiple Decubitus Ulcers on Legs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but related to the disease or condition causing death.

| | | | | | |
|---|--|--|--|--|--|
| 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) | |
| 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 2-2-2 1953 to 25-2 1954, that I last saw the deceased alive on 23 2 1954 and that death occurred at 12:15A., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE <i>Robertson</i> (Degree or Title) | | 23b. ADDRESS West Plains, Mo. | | 23c. DATE SIGNED 5 Mar 54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) B | | 24b. DATE 2-27-54 | | 24c. NAME OF CEMETERY OR CREMATORY BARNETT | |
| 24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO | | | |

| | | | | | |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. APR 5 1954 | | REGISTRAR'S SIGNATURE <i>Blayne A. ...</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO | |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

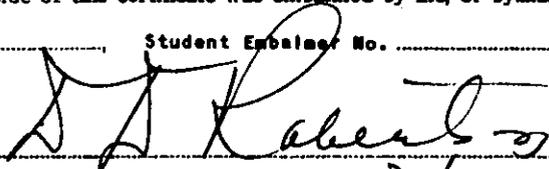
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

.....
working under my personal supervision.

Student Embalmer No.

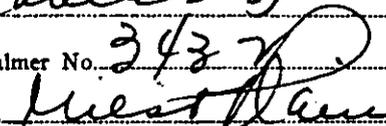
Student
Student Embalmer

Signed



Licensed Embalmer No. 3437

P. O. Address



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.