

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25964

State File No. ....

BIRTH NO. .... REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 6558 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dry Creek Twp.</u>	c. LENGTH OF STAY in this place (Specify) <u>23 Yrs.</u>	c. CITY OR TOWN <u>Willow Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>R#1 (Dry Creek Twp).</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>COVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1955</u>
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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>July 26, 1892</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph J. Cover</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>	14. NAME OF HUSBAND OR WIFE <u>Louia Lee Cover</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Mo</u>	16. SOCIAL SECURITY NO. <u>Mo</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louia Cover, Willow Spgs. R1, Mo.</u>	ADDRESS <u>Willow Spgs. R1, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 mo.</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-24-55, 1955, to 8-21-55, 1955, that I last saw the deceased alive on 8-19-55, and that death occurred at 1:50P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.F. Callihan, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>8-23-55</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dry Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Willow Spgs. R#1, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Aug 27/55</u>	REGISTRAR'S SIGNATURE <u>Maribelle Ballard</u>	387-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home, Willow Spgs., Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*Fred W. Barnes*  
Signed..... Fred W. Barnes.....

Licensed Embalmer No....461

P. O. Address Willow Spri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.