

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19303**

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6137** Registrar's No. **372**

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Shannon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon | |
| b. CITY OR TOWN Winona <i>Typ</i> | | c. CITY OR TOWN Winona | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) Years | | e. STREET ADDRESS (If rural, give location) Rural Route 1010 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION None - Home | | | |

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|-------------------------------------|------------------------|------------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Mary | b. (Middle) Elizabeth | c. (Last) Covington | 4. DATE OF DEATH (Month) (Day) (Year) May 14, 1956 |
|-------------------------------------|------------------------|------------------------------|----------------------------|---|

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|----------------------|-------------------------------|---|---------------------------------------|---|---------------------------------|---------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 26, 1880 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 2 | IF UNDER 24 HRS. Days 19 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Shannon County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Joe Bloat | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Henry Covington |
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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) No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Cora Bradshaw - Winona, Missouri. | ADDRESS _____ |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 minutes |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Senility | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) 4201 |
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| | | |
|---|--|----------------------------------|
| 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 **Jan 1950** to **May 1956**, that I last saw the deceased alive on **Apr. 16, 1956**, and that death occurred at **12:15 P.M.**, from the causes and on the date stated above.

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|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE C. E. Sharp (Degree or title) DO | 23b. ADDRESS Winona Mo. | 23c. DATE SIGNED 5/18/56 |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-16-56 | 24c. NAME OF CEMETERY OR CREMATORY Wood Cemetery | 24d. LOCATION (City, town, or county) (State) Winona, Missouri. |
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| DATE REC'D BY LOCAL REG. 5-21-1956 | REGISTRAR'S SIGNATURE Michael Green | 25. FUNERAL DIRECTOR'S SIGNATURE Duncan's - Mountain View, Mo. | ADDRESS _____ |
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joe R. Lunn*.....

Licensed Embalmer No. *422*

P. O. Address *St. Louis*

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.