

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

533

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo,</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In hospital) <u>3 Days</u>		c. CITY OR TOWN <u>Cape Girardeau - Glenallen</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>W</u> c. (Last) <u>Stover.</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>8</u> (Year) <u>57,</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>Aug 28th 1884</u>	
9. AGE (In years last birthday) <u>72</u>		10. 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>Farmer,</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wisconsin</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S Am</u>		13a. FATHER'S NAME <u>Ellis Stover</u>		13b. MOTHER'S MAIDEN NAME <u>Trickle,</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Stover</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>449-03-6845</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Stover</u>		ADDRESS <u>GlenAllen 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardiac decompensation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Sudden renal vascular syndrome</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gun in spleen, partial pyloric obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>4/10, 1956</u> to <u>1/8/57, 19</u> , that I last saw the deceased alive on <u>1/5, 1957</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Meyers</u> (Degree or title)		23b. ADDRESS <u>Wentzville Mo</u>		23c. DATE SIGNED <u>1/11/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1st 10-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slaybaugh Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-14-57</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u> ADDRESS <u>Lutesville Mo</u>			

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

Signed..... *J. E. Gisham* .....

Licensed Embalmer No. *4210*

P. O. Address *Lutesville*

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.