

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036326

STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4780

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 318 So. Belmont		Length of stay in lb 58 yrs	d. STREET ADDRESS 318 So. Belmont		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PEARL Middle I. Last COVERT			4. DATE OF DEATH Month 10 Day 7 Year 58		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-19-1886		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and state or country) Spencer, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arthur Yorker		13b. MOTHER'S MAIDEN NAME Anna Woods	
14. NAME OF HUSBAND OR WIFE Robert C. Covert		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XX		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Thelma V. Anderson		Address 318 S. Belmont			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia					INTERVAL BETWEEN ONSET AND DEATH Two days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					492
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis agitans					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION		20f. COUNTY		20g. STATE	
21. I attended the deceased from Sept. 30, 1957 to Oct. 7, 1958 and last saw her alive on Oct. 6, 1958 Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Glenn W. Springer (Degree or title) D.O.			22b. ADDRESS 5902 St. John Ave. Kansas City, Mo.		22c. DATE SIGNED 10-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-11-58	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.		23d. LOCATION (City, town, or country) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Wagner Funeral Home. K C Mo		25. DATE RECD. BY LOCAL REG. 10-10-58		26. REGISTRAR'S SIGNATURE Beva Minchall	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Glenn W. Springer USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



611 1 - 3458

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 *Thomas A. Koebler*

Licensed Embalmer No. *4995*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.