

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016969

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 47

Primary Registration District No. 5172

Registrar's No. 161

300
1-57

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Callaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shamrock Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Martinsburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. Martinsburg Life		Length of stay in 1b	STREET ADDRESS (If outside, give location) R. F. D		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Forrest Middle Covington Last Covington			4. DATE OF DEATH Month June Day 2 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15 1876	9. AGE (In years) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Shamrock, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James P. Covington		13b. MOTHER'S MAIDEN NAME Lucy Lail		14. NAME OF HUSBAND OR WIFE Stella Covington (DEC'D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-24-4891A	17. INFORMANT Address James F. Covington Mexico, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mass cerebral thrombophagy					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypotension paralytic					15 years
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.) 331X		
20c. TIME OF INJURY Hour 1:30 Month May Day 29 Year 1959					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION June		COUNTY Callaway STATE Mo
21. I attended the deceased from May 29, 1959 to June 2, 1959 and last saw him alive on May 2, 1959 Death occurred at 1:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Willis H. Walls M.D.			22b. ADDRESS Willisville Mo		22c. DATE SIGNED 6/3/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/4/59	23c. NAME OF CEMETERY OR CREMATORY Liberty		23d. LOCATION (City, town, or county) (State) Callaway County, Mo.
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo			25. DATE RECD. BY LOCAL REG. June 5-1959		26. REGISTRAR'S SIGNATURE Maretta Lawrence

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Chas. Arusek*

Licensed Embalmer No. *3569*
P. O. Address *Milwaukee,*

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.