

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002798

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. \_\_\_\_\_ Registrar's No. 37

STATE FILE NUMBER

**FILED FEB 4 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Flat Creek Township</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Sedalia</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route 1, Sedalia</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5miles So. on 65 Hiway</b>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>CHESTER</b> Last <b>COVER</b>		4. DATE OF DEATH Month <b>January</b> Day <b>30</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-31-1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Excavation</b>	9. AGE (last birthday) <b>63</b>
13a. FATHER'S NAME <b>John J. Cover</b>		13b. MOTHER'S MAIDEN NAME <b>Eula M. Braumgarten</b>	14. NAME OF HUSBAND OR WIFE <b>Beulah Lee Cover</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address <b>Mrs. C. C. Cover, Rt. 1, Sedalia, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac arrest</b> DUE TO (b) <b>Post coronary occlusion</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3m</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year _____	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	COUNTY _____ STATE _____
21. I attended the deceased from <b>1955</b> to <b>Jan 30, 1963</b> and last saw him <b>live</b> on <b>30 Jan 63</b> Death occurred at <b>10:30pm</b> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <b>David K. Edwards M.D. Sedalia Mo.</b>		22b. ADDRESS	22c. DATE SIGNED <b>Feb 1 1963</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-2-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
24. FUNERAL DIRECTOR <b>D.W. Heckart, Gillespie Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>February 2, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>

FEB 7 1963

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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. 692

working under my personal supervision.

Student *[Signature]*  
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No: 3470

P. O. Address *[Signature]*

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.