

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008803
State File No.

FILE MAR 17 1959

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 75
1. PLACE OF DEATH a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo</u> c. LENGTH OF STAY (In this place) <u>1 1/2 mo</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Marys Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo</u> <u>6880</u> d. STREET ADDRESS (If rural, give location) <u>Rt # 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Clayton</u> c. (Last) <u>Dove</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 13 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 13 1871</u>	9. AGE (In years last birthday) <u>87</u> 10. IF UNDER 1 YEAR Days <u>4</u> Hours <u>0</u> 11. IF UNDER 2 HRS. Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ovm Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Booker Dove</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hayter</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Velma Chambers Centertown, Mo</u> ADDRESS
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>Bliv. Peritonitis & abscess</u> ANTECEDENT CAUSES: <u>Bladder Perforation, & fistula</u> <u>Bladder Tumor of Bladder, & hemorrhage</u> DUE TO: <u>Pneumonia, Bil. organism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>219X</u>		
19a. DATE OF OPERATION <u>2-9-59</u>		19b. MAJOR FINDINGS OF OPERATION <u>Supra Pubic excision Bladder tumor</u>		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. 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 <u>2-1-1959</u> , to <u>3-13-1959</u> , that I last saw the deceased alive on <u>3-13-1959</u> , and that death occurred at <u>2:05 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Randall A. Clark, M.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>3/13/59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/15/59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>				
DATE REC'D BY LOCAL REG. <u>14 March 1959</u>		REGISTRAR'S SIGNATURE <u>R.G. Norris, M.D. - M.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bonham - California - Mo</u> ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1956

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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
Student Embalmer

Signed _____

Licensed Embalmer No. 4933

P. O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.