

FILED JAN 30 1957 STANDARD CERTIFICATE OF DEATH

State File No. **3546**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6257 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patterson St. Francis</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patterson (Rural)</u>	
		d. STREET ADDRESS (If rural, give location) <u>1110</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>L</u> c. (Last) <u>Hovis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4 1889</u>	9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant &amp; Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buckhorn, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Daniel Hovis</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Medlin</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Hovis</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>499-22-6786</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Hovis Patterson Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? ( ) YES <input 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) m.		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 2-2-1957 to 1-2-1957, that I last saw the deceased alive on 1-2-1957, and that death occurred at 9 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Foye M.D.</u> (Degree or title)		23b. ADDRESS <u>Patterson Mo.</u>		23c. DATE SIGNED <u>1-10-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/12/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Patterson Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William Godu Piedmont Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 16, 1957</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>			

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

460

RECEIVED  
JAN 23 1957  
WAYNE CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

JAN 31 1957

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 \_\_\_\_\_

*Coder Funeral Home*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*William Coder*

Licensed Embalmer No. *3723*

P. O. Address *Piedmont, 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 this body is not embalmed, fact should be so stated above.