Health, Welfare Public Service

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1-57 D

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33110
STATE FILE NUMBER

FILED OCT 3 1957

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: St; Clair
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Osceola — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Osceola Med; Hospital — Length of stay in Ib: yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN: Osceola — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 843 — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: John Middle: B. Last: Gover

4. DATE OF DEATH Month, Day, Year: Sept;18,1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Aug;14,1869 **9. AGE** (In years last birthday): 88 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St; Clair County Mo;
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel B. Gover
13b. MOTHER'S MAIDEN NAME: Sarah Harris
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Roy Gover, Clinton Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio sclerotic heart desease & decompensation — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 July 1954 to 18 Sept 1957 and last saw ~~her~~ him alive on 18 Sept 57
Death occurred at 7:30 P.M on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. Gresler MD
22b. ADDRESS: Osceola Mo
22c. DATE SIGNED: 9/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/22/57
23c. NAME OF CEMETERY OR CREMATORY: Iconium
23d. LOCATION (City, town, or county) (State): iconium Missouri

24. FUNERAL DIRECTOR ADDRESS: Goodrich Home Osceola Mo
25. DATE RECD. BY LOCAL REG.: 9-18-57
26. REGISTRAR'S SIGNATURE: Ruth Seeyers

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS JUL 21 1959

AUG 26 1959

VS AUG 5 1959

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 J. B. [illegible]

Licensed Embalmer No. 3038

P. O. Address Oakfield Me

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.