MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 130

-62-031572
STATE FILE NUMBER

FILED SEP 13 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Festus, Mo. — Length of stay in 1b: 30 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 231 Main St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: Festus — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Spring Ave. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Louise Middle: Catherine Last: Govero

4. DATE OF DEATH: Month: Sept. Day: 6, Year: 1962

5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/7/05
9. AGE (last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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

13a. FATHER'S NAME: Joseph M. Berkbigler
13b. MOTHER'S MAIDEN NAME: Helen Renner
14. NAME OF HUSBAND OR WIFE: Raymond L. Govero

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.: None
17. INFORMANT: Raymond Govero, Festus, Mo. Address

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): Cardiovascular disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): –
DUE TO (c): –
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Varicose veins, bilateral, marked

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 30, 62, to Sept 4, 62 and last saw her/him alive on Sept 4, 62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bertram Bolgar, md
22b. ADDRESS: Festus, Mo.
22c. DATE SIGNED: 9/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept.10,1962
23c. NAME OF CEMETERY OR CREMATORY: Catholic
23d. LOCATION (City, town, or county) (State): Crystal City, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Vinyard Funeral Home, Festus, Mo.
25. DATE RECD. BY LOCAL REG.: 9-8-62
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1963

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4976

P. O. Address: Festus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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