MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026469
STATE FILE NUMBER

AMENDED

FILED JUL 11 1961

Registration District No. 366 Primary Registration District No. 3059 Registrar's No. 244

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre
Length of stay in 1b: 40 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 206 Low Steeet,
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Bonne Terre
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 206 Low
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First EVERETT Middle KEITH Last GOVRO

4. DATE OF DEATH: Month July Day 1, Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 2/9/1875

9. AGE (last birthday): 86

IF UNDER 1 YEAR: Months 4 Days 22 IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Shops

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): St. Genevive Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Govro

13b. MOTHER'S MAIDEN NAME: Ann Vandiver

14. NAME OF HUSBAND OR WIFE: Emma Sarah Ransom Govro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 7021-66-718

17. INFORMANT Address: Mrs. Lavern Byasee, Bonne Terre, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease – 2½ yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Genual arteriosclerosis – 2½ yrs

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)

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

MEDICAL CERTIFICATION

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 5-13-61, to 6-29-61 and last saw him alive on 6-29-61

Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. T. Haw, Jr. M. D.

22b. ADDRESS: Bonne Terre, Mo

22c. DATE SIGNED: 7-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 3, 1961

23c. NAME OF CEMETERY OR CREMATORY: St. Francois Mem. Pk.

23d. LOCATION (City, town, or county) (State): Bonne Terre, Missouri

24. FUNERAL DIRECTOR: Sparks Funeral Home

ADDRESS: Bonne Terre Mo.

25. DATE RECD. BY LOCAL REG.: July 4, 1961

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer) (Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

JUL 12 1961

JUL 14 1961

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 Everett Sparks.

Licensed Embalmer No. 4287

P. O. Address Bonne Terre 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.