

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15363

State File No. \_\_\_\_\_

FILED APR 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give OR- TOWN <u>Rural-Union</u> )		c. CITY OR TOWN <u>Rural-Union</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. #1, Cadet</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #1, Cadet</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Laura</u>	b. (Middle) <u>Josephine</u>	c. (Last) <u>Govero</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>17</u> <u>1956</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-10-1876</u>	9. AGE (In years) (Month) (Days) (If UNDER 1 YEAR last birthday) <u>79</u> <u>5</u> <u>7</u>	IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Old Mines, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas B. Boyer</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie Boyer</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Govero</u>
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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>Mrs Robert Kramer Richwood, Mo</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL Pneumonia</u>		<u>24 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____		<u>7 days</u>
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>480 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 22, 1956, to April 17, 1956, that I last saw the deceased alive on 4-16, 1956, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Edward Lake</u> (Degree or title) <u>do</u>	22b. ADDRESS <u>Potosi, Missouri</u>	22c. DATE SIGNED <u>April 17, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-19-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joachims Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-17-56</u>	REGISTRAR'S SIGNATURE <u>Mae Bunsford Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William W. Smith</u>	ADDRESS <u>Potosi, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

03

RECEIVED

APR 18

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Mary M. Smith*  
Licensed Embalmer No. *43*

P. O. Address *P.O.S.I.M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.