No. 300
10.48

FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3537

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Union Township
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt.1, Cadet

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Washington
c. CITY OR TOWN Cadet, Mo. RR#1
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Union Township 1100

3. NAME OF DECEASED (Type or Print)
a. (First) Francis
b. (Middle) Joseph
c. (Last) Govero

4. DATE OF DEATH (Month) Jan. (Day) 16 (Year) 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3-17-1872
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 9 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY Rented Farm
11. BIRTHPLACE (City and State or Foreign Country) Washington, Co., Mo.,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Francis Govero
13b. MOTHER'S MAIDEN NAME Juliette Bone
14. NAME OF HUSBAND OR WIFE Laura J. 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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marion Govero, Cadet, Mo. RR#1

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 years.
DUE TO (c) Hypertension — 3 years.

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 332X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, 1956, *to* Jan. 16, 1957, *that I last saw the deceased alive on* Jan. 16, 1957, *and that death occurred at* 4:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edward W. Lake, D.O.
23b. ADDRESS Potosi, Missouri
23c. DATE SIGNED Jan. 18, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-19-1957
24c. NAME OF CEMETERY OR CREMATORY St Joachims Cemetery
24d. LOCATION (City, town, or county) (State) Old Mines, Mo.

DATE REC'D BY LOCAL REG. 1/18/57
REGISTRAR'S SIGNATURE Herbert Kendall
25. FUNERAL DIRECTOR'S SIGNATURE Arthur W. Smith
ADDRESS Potosi Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 22 1957

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 emba

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Donell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Dedito

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