

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032763

FILED VS. SEP 22 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 443

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in lb 3 DAYS	c. CITY OR TOWN GALENA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 901 WALL ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SADIE Middle GOVER Last GOVER			4. DATE OF DEATH Month SEPT. Day 11 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-25-1893	9. AGE (last birthday) 66	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 HOME	11. BIRTHPLACE (City and state or country) ABINGDON Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Thomas E Herdon		13b. MOTHER'S MAIDEN NAME Laura B. Figg		14. NAME OF HUSBAND OR WIFE CYRS A. GOVER	
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.		17. INFORMANT FRED E. GOVER R#1 GALENA KAN.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion			3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Advanced Coronary Atherosclerosis		10 yrs
	DUE TO (c) Generalized Arteriosclerosis		10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION GALENA KAN.	COUNTY GALENA	STATE KAN.
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21. I attended the deceased from **1949** to **11 Sept 59** and last saw her alive on **11 Sept 59**
Death occurred at **3:20 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert J. Farrell M.D. (Degree or title)	22b. ADDRESS Galena Kansas	22c. DATE SIGNED 12 Sept 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-15-59	23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	23d. LOCATION (City, town, or county) (State) Carterville Missouri
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24. FUNERAL DIRECTOR Roy J. Nesfelt ADDRESS GALENA KAN.	25. DATE RECD. BY LOCAL REG. 9-15-1959	26. REGISTRAR'S SIGNATURE Noyce Merriam
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

~~ONE~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Roy L. Werfelt

Licensed Embalmer No. 4945

P. O. Address Galena, Kansas

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.