

PURVI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041573
STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 8639 Registrar's No. 39
FILED DEC 11 1961

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Lafayette		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twns		a. STATE Mo.		b. COUNTY Lafayette	
Length of stay in 1b 35 yrs.		c. CITY OR TOWN Washington Ywns		c. CITY OR TOWN Washington Ywns		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi. South of Mayview		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1 Mi. South of Mayview		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James Foster Gover				4. DATE OF DEATH Month Day Year Dec. 6, 1961			
5. SEX Male	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 1-27-51 7-27-79	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Clair Co., Mo.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME John Gover		13b. MOTHER'S MAIDEN NAME Mary Hoover		14. NAME OF HUSBAND OR WIFE Minnie Gover (deceased)			
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 Address Floyd Gover, Kansas City, Mo.			
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) <i>Gunshot to head .410 gauge</i>							
DUE TO (b) <i>Suicide</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (c)							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Suicide gunshot to head.</i>			
20c. TIME OF INJURY <i>11:30 a.m.</i>		Month, Day, Year <i>Dec 6 1961</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at his home</i>		20f. CITY, TOWN, OR LOCATION <i>Mayview</i>		COUNTY STATE <i>Lafayette Mo</i>	
21. I attended the deceased from <i>after death</i> to <i>11:30</i> and last saw him alive on <i>2 1/2 weeks ago</i>				Death occurred at <i>11:30</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. Martinino Coroner</i>			22b. ADDRESS <i>Odessa Mo</i>			22c. DATE SIGNED <i>12-7-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec. 8, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Iconium Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Iconium, Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Husman-Sparks, Odessa, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>12-7-1961</i>		26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>		

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William J. Sparbo

Licensed Embalmer No. 4431

P. O. Address Odessa, Fla

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.