

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006179

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4213

Registrar's No. 49

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10420

20500

3

4 0

5 1

6

7 0

8 2

9 X

10

11 042

12 91-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 137

Primary Registration District No. 4213

Registrar's No. 49

FILED FEB 19 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Montrose

Length of stay in 1b

0

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Home

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jefferson

c. CITY OR TOWN

RURAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

RR. Peverly, Mo.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

WILFORD Lee GOURAU

4. DATE OF DEATH

Month

Day

Year

Feb. 12 - 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-2-20

9. AGE (last birthday)

42

IF UNDER 1 YEAR: IF UNDER 24 HR

Months Days Hours Min.

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

TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

TRUCKING Co.

11. BIRTHPLACE (City and state or country)

ST. JEROME MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

EDWARD GOURAU

13b. MOTHER'S MAIDEN NAME

Reb. A. Davis

14. NAME OF HUSBAND OR WIFE

GLADY GOURAU

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL SECURITY NO.

498-12-2933

17. INFORMANT

GLADY GOURAU Peverly 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)

Un Natural Causes

INTERVAL BETWEEN ONSET AND DEATH

immed

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

DUE TO (b)

Compound Skull Fracture

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

one vehicle accident Highway 52. Mo.

20c. TIME OF INJURY

Hour 8 a.m. 2-12-63

Month, Day, Year

Crushed beneath over turned tractor trailer

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.)

Highway 52. Mo.

20f. CITY, TOWN, OR LOCATION

Sm. S. Montrose

COUNTY

Henry

STATE

Mo

21. I attended the deceased from und attended to und attended and last saw him alive on und attended

Death occurred at 8:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard H. King M.D.

(Degree or title)

Henry County

surgeon

22b. ADDRESS

1062 3rd Clinton Mo

22c. DATE SIGNED

2-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-12-63

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (City, town, or county)

Jefferson Barracks

(State) Mo

24. FUNERAL DIRECTOR

Oran Eckhoff Appleton City Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

Feb 13 - 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

FEB 27 1963

AUG 6 1963

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 \_\_\_\_\_

*Wesley Eckhoff*

Licensed Embalmer No. 3842

P. O. Address Appleton City, 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.

Permit Obtained

2-13-63

(M.B.)