

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007362

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 27

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10500

205052

3

4 1

5 1

6

7 1

8 2

9332X

10

11

1292-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 13 1963	
1. PLACE OF DEATH	
a. COUNTY JEFFERSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM	a. STATE MO b. COUNTY JEFFERSON
Length of stay in 1b DOA	c. CITY OR TOWN DE SOTO, MISSOURI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEM. HOSP.	d. STREET ADDRESS (if outside, give location) 520 EDINGER ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last	
MARGARET ENOS GOVRO	
4. DATE OF DEATH MARCH 2, 1963	
5. SEX FEMALE	6. COLOR OR RACE CAUS.
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/8/1890
9. AGE (last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	
11. BIRTHPLACE (City and state or country) SUMMIT MISS.	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WESLEY ENOS	
13b. MOTHER'S MAIDEN NAME UNK.	
14. NAME OF HUSBAND OR WIFE JOHN A. GOVRO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO	
16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT MRS. AGNES BODECKER HESTIS, MO Address 705 HUBER	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism INTERVAL BETWEEN ONSET AND DEATH 1 hr. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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.)	
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 COUNTY STATE	
21. I attended the deceased from CORONER'S VIEW and last saw her/him alive on _____ Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Jama R. [Signature]	
22b. ADDRESS Fulton Mo.	
22c. DATE SIGNED 3/4/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 4, 1963
23c. NAME OF CEMETERY OR CREMATORY WOODLAWN MEM. PARK	
23d. LOCATION (City, town, or county) (State) DE SOTO, MISSOURI	
24. FUNERAL DIRECTOR D. B. DIETRICH, DE SOTO, MISSOURI	25. DATE REGD. BY LOCAL REG 3-4-63
26. REGISTRAR'S SIGNATURE [Signature]	

USE BLACK INK OR TYPEWRITER RIBBON

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 Donald B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Bechtel, 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.