

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 29

- DO NOT WRITE ON THIS STUB
- 9. 0
  - 10a. 65
  - 10b.
  - 11. 0
  - 12. 1
  - 13. 4109
  - 14.
  - 15. 4
  - 16.
  - 17.
  - 18. 2
  - 19. CREDITS
  - 20. 1-0

VS 300  
Rev. 1/68

4. 0425

5. 90

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 6425

**PARENTS**

**INFORMANT**

**CAUSE**

**OTHER SIGNIFICANT CONDITIONS**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST 1. LUTHER LEONARD GOVER			SEX 7. Male	DATE OF DEATH (MONTH, DAY, YEAR) 1. April 16, 1968
RACE (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 65	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 8. Aug. 18, 1902
CITY, TOWN, OR LOCATION OF DEATH 7b. Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. 710 South Second Street	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 9. Missouri	CITIZEN OF WHAT COUNTRY 10. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Fayta Knisley	
SOCIAL SECURITY NUMBER 12. 498-32-8775	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Dealer	KIND OF BUSINESS OR INDUSTRY 13b. Oil		
RESIDENCE—STATE COUNTY 14a. Missouri 14b. Henry	CITY, TOWN, OR LOCATION 14c. Clinton	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	STREET AND NUMBER 14e. 710 S. 2d Street	
FATHER—NAME FIRST MIDDLE LAST 15. James Andrew Gover	MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Audrey Brenard			
INFORMANT—NAME 17a. Mrs Fayta Gover		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 710 S. 2d Street, Clinton, Mo. 64735		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) <i>medullary leukemia</i>				<i>minutes</i>
(b) <i>myocardial infarction acute</i>				<i>minutes</i>
(c) <i>coronary artery disease</i>				<i>years</i>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				
<i>Pulmonary bronchopneumonia</i>				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. <i>No</i>	DATE OF INJURY (MONTH, DAY, YEAR) 20b. <i>None</i>	HOUR 20c. <i>None</i>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. <i>None</i>	
INJURY AT WORK (SPECIFY YES OR NO) 20e. <i>No</i>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. <i>None</i>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. <i>None</i>		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 11/3/67	TO 21b. 4/16/68	AND LAST SAW HIM/HER ALIVE ON 21c. 4/16/68	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <i>Yes</i>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, AND, TO THE CAUSE(S) STATED. 21e. 8:00 p.m.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. 8:00 p.m. M. 22b. 4/16/68 22c. 8:00 p.m. M. 22d. 4/17/68				
CERTIFIER—NAME (TYPE OR PRINT) 23a. James C. Clouse Do		SIGNATURE 23b. <i>James C. Clouse Do</i>	DEGREE OF TITLE 23c. <i>Do</i>	DATE SIGNED (MONTH, DAY, YEAR) 23d. 4/17/68
MAILING ADDRESS—CERTIFIER 23e. 105 E. 8th Clinton Mo 64735				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Englewood	LOCATION (CITY OR TOWN STATE) 24c. Clinton, Missouri		
DATE (MONTH, DAY, YEAR) 24d. Apr. 19, 1968	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Consalus Funeral Home, 209 S. 2d St. Clinton, Mo 64735			
FUNERAL DIRECTOR—SIGNATURE 25a. <i>E. H. Consalus</i>	REGISTRAR—SIGNATURE 25b. <i>Mildred Bigum</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. April 18, 1968		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

MAY 10 1969

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 Eugene R. Conzales

Licensed Embalmer No. 4680

P. O. Address Clinton, Me.

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 4-18-68 (MSS)