S. No. 2
I—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38829

FILED NOV 25 1947

Registration District No. 179 Primary Registration District No. 5668 Registrar's No. 57

**1. PLACE OF DEATH:**

(a) County Lincoln

(b) City or town Rural, Clark
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 47 yr.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lincoln 57

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CAROLINE D. GAEDIKE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 1 (Day) 1887 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 59 | 11 | 15 | hr. min. |

9. Birthplace Moscow Mills (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Frederick Gaedike
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dorthy Krusemark
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Wm Gaedike
(b) Address Moscow Mills Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson Hill Cem

18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo

19. (a) Nov 17th 1947 (Date received local registrar) (b) Emma Riddle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 16
year 1947 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2/10/45, 19, to Nov 11, 1947
that I last saw her alive on Nov. 16, 1947
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Apoplexy (Embolic) | 10 min |
| Due to: Auricular Fibrillation | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 83 P. | |
| Of autopsy | |

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. C. Creech (M. D. or other) Ind.
Address Troy, Mo. Date signed 11/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Licence File Number
NOV 24 1947
Date Filed

## 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..... Registered Apprentice No..... working under my personal supervision.

Signed Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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 this body is not embalmed. fact should be so stated above.**