S. No. 300
v. 10.48

FILED OCT 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33037

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1078

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph, Mo.
c. LENGTH OF STAY (In this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atchison, Kansas
d. STREET ADDRESS (If rural, give location): 1205 Atchison, Street

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) c. (Last) Gergeni

4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 25, 1882
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Michael Rosenauer
13b. MOTHER'S MAIDEN NAME: Catherine Wagner
14. NAME OF HUSBAND OR WIFE: Adam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Carl Rosennauer — ADDRESS: Atchison, Kans.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embali — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gastro-enterostomy for — 2 weeks
DUE TO (c) Duodenal Diverticulum — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Involutional Melicholia — 2 years

19a. DATE OF OPERATION: 9-19-49
19b. MAJOR FINDINGS OF OPERATION: Duodenal Diverticulum
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5721
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 6, 1949, *to* Oct 3, 1949, *that I last saw the deceased alive on* Oct 3, 1949, *and that death occurred at* 1:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. F. Mothershead U.M.D.
23b. ADDRESS: Deaton Kans
23c. DATE SIGNED: 10-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/6/1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: Oct. 12, 1949
REGISTRAR'S SIGNATURE: E. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE: Herman Wm. Sidenfaden — ADDRESS: 1802 Union St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1944

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.

Signed Robert H Yaple

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.