

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

441983
 State File No.

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD—486

FILED JAN 12 1950

74479-49

BIRTH NO. 564 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clifton City</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>*****</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VINCENT</u>	b. (Middle) <u>DANIEL</u>	c. (Last) <u>GERKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>Nov. 2, 1949</u>	9. AGE (In years last birthday) <u>0</u> Months <u>1</u> Days <u>24</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Henry Gerke</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Rose Twenter</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William H. Gerke, Clifton City, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia - Bilateral</u>		<u>30 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>4 1/2 hrs</u>
	II. OTHER SIGNIFICANT CONDITIONS <u>Heb. + Tox. meningismus</u> <u>Acute Lactroenteritis</u>		<u>24 hrs</u> <u>60 hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8PM 12-25, 1949 to 5:40PM 12-26, 1949, that I last saw the deceased alive on 12-26, 1949, and that death occurred at 5:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.M. Rodeman J.M.D.</u>	23b. ADDRESS <u>219 1/2 S. Ohio Sedalia, Mo</u>	23c. DATE SIGNED <u>12-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cooper County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/28/49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>251 ... Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 4

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-50

Dr. Robinson

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 _____
Student Embalmer

Signed: *R. E. Baker*

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.