

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11909**

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

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (in this place) <u>5 Years</u>		d. STREET ADDRESS (If rural, give location) <u>1709 Hinkson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1709 Hinkson</u>			
3. NAME OF DECEASED a. (First) <u>JACOB</u> b. (Middle) <u>BENJAMIN</u> c. (Last) <u>GERLT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 10, 1862</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner ret</u>	
11. BIRTHPLACE (State or foreign country) <u>Morgan County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Gerlt</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Kaufman</u>	
14. NAME OF HUSBAND OR WIFE <u>Kathryn Gerlt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs R. N. Robinson</u>		ADDRESS <u>Columbia, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sanguine, right lung due to embolus of splenic artery</u> <u>331X</u> <u>2 weeks</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12 April, 1950</u> , to <u>27 April, 1950</u> , that I last saw the deceased alive on <u>20 April, 1950</u> , and that death occurred at <u>5:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Abner C. Thomas</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>909 University Ave, Columbia</u>	
23c. DATE SIGNED <u>28 April 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 29, 50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>G. L. Steverson</u>		ADDRESS <u>Stover, Mo.</u>	

District File Number _____
District Health Officer No. 9,
RECEIVED MAY 2 1950

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

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.