No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40503

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5534 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: HOLT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FOREST CITY-RURAL
c. LENGTH OF STAY (In this place): 12 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOLT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FOREST CITY-RURAL 0440
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ROY
c. (Last): GERKING

4. DATE OF DEATH (Month) DEC. (Day) 8 (Year) 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED. /
8. DATE OF BIRTH: MAY 6, 1880
9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR: Months, Days | IF UNDER 1 HR.: Hours, Min.

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

13a. FATHER'S NAME: JOHN GERKING
13b. MOTHER'S MAIDEN NAME: IDA JOHNSON
14. NAME OF HUSBAND OR WIFE: ORILLA GERKING

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 ADDRESS: MRS. JOHN ROY GERKING FOREST CITY, MO.

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) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 10 MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ENDOCARDITIS (RHEUMATIC) — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 7201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)
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* NOV 30, 1950, *to* DEC. 8, 1950, *that I last saw the deceased alive on* DEC. 4, 1950, *and that death occurred at* 11:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: DR. Howard E. Collins (Degree or title) D.O.
23b. ADDRESS: Oregon Mo.
23c. DATE SIGNED: Dec. 9. 50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 11, 1950
24c. NAME OF CEMETERY OR CREMATORY: FOREST CITY
24d. LOCATION (City, town, or county) (State): FOREST CITY, MO.

DATE REC'D BY LOCAL REG.: 12-9-50
REGISTRAR'S SIGNATURE: [illegible] 1221
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: James D. Crawford Mound City, Mo.

(Issued Embalmer's Statement on Reverse Side)

RECEIVED
DEC 18 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

JAN 8 1951

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 James L. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.