

FILED OCT 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29594

State File No. _____
REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY <u>Butler.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chicago</u>	
c. LENGTH OF STAY (In this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			
3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>HENRY</u> c. (Last) <u>GESTNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3, 1951</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>23 Feb 1875</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	11. BIRTHPLACE (State or foreign country) <u>Cincinnati, Ohio</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Godfry Gestner</u>		13b. MOTHER'S MAIDEN NAME <u>unkn Bower</u>	
14. NAME OF HUSBAND OR WIFE <u>Pearl Gamblin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish Amer.</u>	
16. SOCIAL SECURITY NO. <u>unkn</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl Gestner Wynona Mo. Star Rt.</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lower Nephron Nephrosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u> DUE TO (c) <u>Adenocarcinoma of ascending colon</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Adenocarcinoma of prostate gland</u>	
19a. DATE OF OPERATION <u>Oct. 1, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction due to adenocarcinoma</u>	
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>Sept 29, 19 51</u> to <u>Oct. 3rd</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct. 3</u> , 19 <u>51</u> , and that death occurred at <u>4:40p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Johnson, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Missouri</u>	
23c. DATE SIGNED <u>Oct. 4, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Oct 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Chicago Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 5 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 10 1951

BUTLER CO. HEALTH CENTER

FILE No. 1051-450

OCT 20 1951

OCT 13 1951

OCT 12 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

Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Pine St. Poplar Bl.

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.