

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28056

State File No. _____

FILED AUG 15 1952

3463

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City <u>unknown</u>		b. COUNTY Polk <u>K140</u>	
c. LENGTH OF STAY (In this place) <u>unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) Des Moines <u>X 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 802 Main Street.		d. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED a. (First) <u>James</u>		b. (Middle) _____		c. (Last) <u>Gerby</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-30-52</u>	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 3, 1891		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Chicken House		11. BIRTHPLACE (State or foreign country) Butler, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME George L. Gerby		13b. MOTHER'S MAIDEN NAME Effie Burnett		14. NAME OF HUSBAND OR WIFE Leona Gerby	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Martha Murrill, K. C. Kans.		ADDRESS _____	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u>				INTERVAL BETWEEN ONSET AND 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>7455</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Post Rifused</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>?</u> (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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>1034 Rio Rio Blvd</u>		23c. DATE SIGNED <u>8-1-52</u>	
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24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>8/1/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>dont know</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-2-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Underwood Funeral Home</u>		ADDRESS <u>Butler, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 1962

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 _____

H. LeRoy Mooney

Licensed Embalmer No. 4726

P. O. Address K.C. 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.