

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2636

State File No. ....

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BIRTH NO. .... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MOORE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Lakenaw</u>	
c. LENGTH OF STAY (in this place) <u>21 days</u>		d. STREET ADDRESS (If rural, give location) <u>0694</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>		b. (Middle) <u>ALBERT</u>	
c. (Last) <u>GERREN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 12, 1953</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>Aug 1, 1897</u>
9. AGE (In years last birthday) <u>55 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Edenburg, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Gerren</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Robertson</u>	
14. NAME OF HUSBAND OR WIFE <u>Jetta Edria Gerren</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW-1</u>	
16. SOCIAL SECURITY NO. <u>484-01-2230</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Della L. Gerren - Lakenaw, Mo.</u> ADDRESS <u>Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>✓</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac decompensation</u>			
DUE TO (c) <u>weakness of pneumonia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>B.B. operation + pneumonia followed - and apoplexy</u>			
19a. DATE OF OPERATION <u>12-26-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>enlarged B. adhesions</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) <u>586X</u>	
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>March 19 46</u> to <u>Jan 12 53</u> that I last saw the deceased alive on <u>Jan 9, 1953</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Della L. Christman</u> (Degree or title)		23b. ADDRESS <u>Paris Mo.</u>	23c. DATE SIGNED <u>1-12-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edenburg, Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-15-53</u>	REGISTRAR'S SIGNATURE <u>Paul Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Funeral Home - Shelbina Mo.</u> ADDRESS	

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

FEB 19 1973

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.

Student Embalmer No.....

Signed

*Jack Hayes*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3699*

P. O. Address *Sheehy, 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.