

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32536

State File No.

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5882 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. admision). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN <u>Rural Jackson</u>	c. LENGTH OF STAY (in this place) <u>17 yrs</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Folk, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Folk, Mo. R D</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u>	b. (Middle) <u>Bernard</u>	c. (Last) <u>Woehr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 15, 1936</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 HR. Days <u>15</u>	Hours <u>15</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Folk, Mo. R D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Fred F. Woehr</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Huhn</u>	14. NAME OF HUSBAND OR WIFE
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred F. Woehr.</u> ADDRESS <u>Folk, Mo. RD</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Injuries</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Tractor Overturning and crushing chest. (Accidently)</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E9121 3</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Folk, Mo. R D Osage Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 30, 1953 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Farm Tractor overturned, crushing chest</u>
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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 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature] Coroner</u>	23b. ADDRESS <u>Box 255, Linn, Mo.</u>	23c. DATE SIGNED <u>9/30/53</u>
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24a. BIRTH OR CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/3/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Folk Parish Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Folk, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-2-53</u>	REGISTRAR'S SIGNATURE <u>Rosa Rowan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 3

8961 02 100

OCT 7 1953

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.....
Signature of Student Embalmer

Signed..... *Walter P. Hedges*

Licensed Embalmer No..... 4265

P. O. Address..... Iberia,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.