

FILED DEC 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43441

0500
4

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5597 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Jeff.	
b. CITY OR TOWN Joachim Road		c. CITY OR TOWN Crystal City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. View Convalescent Home		e. STREET ADDRESS (If rural, give location) 407 Taylor Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) J. c. (Last) Gettinger		4. DATE OF DEATH (Month) (Day) (Year) 12-12-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 4, 1870
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (City and State or Foreign Country) St. Genevieve, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME George Gettinger	
13. MOTHER'S MAIDEN NAME Mary Valle		14. NAME OF HUSBAND OR WIFE Anne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Oscar Gettinger		ADDRESS Crystal City	
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) Cerebral hemorrhage 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.	
INTERVAL BETWEEN ONSET AND DEATH 3 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3-31 X	
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) (Minute)		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 Dec 10, 1953 to Dec 12, 1953, that I last saw the deceased alive on Dec 12, 1953, and that death occurred at 5:55 A.M., from the causes and on the date stated above.			
23a. SIGNATURE A. D. Donnell, M.D.		23b. ADDRESS Crystal City, Mo.	
23c. DATE SIGNED 12-12-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 12-14-53	
24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Crystal City, Mo.	
DATE REC'D BY LOCAL REG. 12-12-53		REGISTRAR'S SIGNATURE Gentry R. Polette	
25. GENERAL DIRECTOR'S SIGNATURE Gentry R. Polette		ADDRESS Crystal City, Mo.	

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED DEC 29 1953

MAR 9 1954

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 *Gentry R. Polite*

Licensed Embalmer No. *3481*

P. O. Address *Crystal C*

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.