

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18377**

FILED JUL 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 4562 Registrar's No. 1

2260

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

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Thomas</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Thomas</b>	
c. LENGTH OF STAY (In this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>Main St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Main St.</b>			

3. NAME OF DECEASED (Type or Print) <b>Anna Mary Gerling</b>			4. DATE OF DEATH <b>June 24, 1954</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 2, 1880</b>	9. AGE (In years) Last birthday: <b>74</b> Months: <b>5</b> Days: <b>22</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Toas, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Rackers</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Rohling</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Gerling</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Sarah Nilges</b>	ADDRESS <b>St. Thomas, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis.</b> DUE TO (c) <b>Cardiac Decompensation</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Thomas</b> (COUNTY) <b>Cole</b> (STATE) <b>Mo.</b>
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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?
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22. I hereby certify that I attended the deceased from 3/19/1954, to 6/24/1954, that I last saw the deceased alive on 6/24/1954, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Samuel W. Gaston D.O.</b> (Degree or title)	23b. ADDRESS <b>Meta, Mo.</b>	23c. DATE SIGNED <b>6/28/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 28, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Thomas Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Thomas, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 2-1954</b>	REGISTRAR'S SIGNATURE <b>R.P. Dorris</b>	25. FEMERAL DIRECTOR'S SIGNATURE <b>Victor Buesch</b> ADDRESS <b>Jefferson City, Mo.</b>
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JTB-10-1954

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 .....  
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.