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THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29773

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDWARDS Union</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>EDWARDS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		e. STREET ADDRESS (If rural, give location) <u>Union Township 0080</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>Aai</u> c. (Last) <u>GEMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan 27, 1895</u>
9. AGE (In years last birthday) <u>59</u>		UNDER 1 YEAR Months <u>7</u> Days <u>20</u>	IF UNDER 16 HRS. Hour <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>L.P. Gemes</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Booth</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Gemes</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>World War I</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Emma Gemes</u>		ADDRESS <u>Justice Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma pulmonary</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> 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>163X</u>	
19a. DATE OF OPERATION <u>June 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left lung + involving heart appendage</u>	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., to 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 <u>Feb 1954</u> , 1954, to <u>Sept 17, 1954</u> , that I last saw the deceased alive on <u>Sept 17, 1954</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Guerr Chalch D.D.</u> (Degree or title)		23b. ADDRESS <u>Warren Mo</u>	
23c. DATE SIGNED <u>9-18-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Camp Ground</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Kesw</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 20, 1954</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u> 23 - ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 28

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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 *John F. Reese* .....  
Licensed Embalmer No. *409*

P. O. Address *Warsaw* .....

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.