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FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37904

BIRTH NO.		REG. DIST. NO. <u>382</u>	PRIMARY REG. DIST. NO. <u>3037</u>	Registrar's No. <u>17</u>
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>		
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Mt. Vernon</u>	c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY OR TOWN <u>Miller</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(E. College St.) Rest Home</u>		f. STREET ADDRESS (If rural, give location) <u>0 55 0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dobby</u> b. (Middle) <u>Ann</u> c. (Last) <u>Gericke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-31-1884</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR <u>70</u> Months <u>4</u> Days <u>4</u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Chare Shaffer</u>		13b. MOTHER'S MAIDEN NAME <u>Johie Lanory</u>	14. NAME OF HUSBAND OR WIFE <u>J.A. Gericke</u>	
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.A. Gericke Miller 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>Circulatory Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pulmonary Congestion and mitral stenosis</u> DUE TO (c) <u>Dyspnea Rheumatic Fever</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>67 hrs</u> <u>2 years</u> <u>Unknown</u> <u>Unknown</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410 X</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)	
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>July 23, 1954</u> to <u>Nov 4, 1954</u> , that I last saw the deceased alive on <u>Nov 4, 1954</u> and that death occurred at <u>3:40 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>David George Do</u>		23b. ADDRESS <u>Mt Vernon Mo.</u>		23c. DATE SIGNED <u>Nov 6 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-6-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>S. of Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-21-54</u>	REGISTRAR'S SIGNATURE <u>Cecil Brunducks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Monnie Keiman Miller Mo.</u>	

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 *E. R. Leiman*.....

Licensed Embalmer No. *3297*

P. O. Address *Miller*.....

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.