

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **38280**

**FILED DEC 6 1954**

No. 300  
10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4407</u>		Registrar's No. <u>413</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>La Monte</u>		c. LENGTH OF STAY (In this place) <u>five yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Monte</u> <u>0800</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u>			b. (Middle) <u>mae</u>			c. (Last) <u>Gerkin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11-25-54</u>							
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 23-1894</u>		9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>9</u>	11. DAYS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Mark</u>		13b. MOTHER'S MAIDEN NAME <u>Mary James</u>		14. NAME OF HUSBAND OR WIFE <u>Estel Gerkin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Estel Gerkin La Monte</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, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Deceleration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (a) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</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) <u>La Monte Pettis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I, attended the deceased from <u>Nov 20, 1954</u> , to <u>Nov 25, 1954</u> , that I last saw the deceased alive on <u>Nov 25, 1954</u> and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. W. Cray</u>				23b. ADDRESS <u>Knob Noster Mo</u>		23c. DATE SIGNED <u>Nov 25 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Houstonia Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>La Monte Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-20-54</u>		REGISTRAR'S SIGNATURE <u>Lavinia Wooley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M Moore</u>		ADDRESS <u>La Monte 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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Paul M Moore*

Licensed Embalmer No. \_\_\_\_\_

*3923*

P. O. Address \_\_\_\_\_

*La Monte, 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.