

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19338**

FILED JUL 5 - 1955

BIRTH NO. **37118-55** REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **527**

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LINN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROOKFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROOKFIELD 0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOCTORS HOSPITAL		d. STREET ADDRESS (If rural, give location) 509 W. CANAL ST.	

3. NAME OF DECEASED (Type or Print) a. (First) CONNIE b. (Middle) JO c. (Last) GELSKI	4. DATE OF DEATH (Month) (Day) (Year) JUNE 22, 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH JUNE 11, 1955	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) BROOKFIELD, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME WALTER GELSKI	13b. MOTHER'S MAIDEN NAME MINNIE WIMER	14. NAME OF HUSBAND OR WIFE
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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 WALTER GELSKI, BROOKFIELD, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 11 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Birth DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7625			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **JUNE 11, 1955**, to **JUNE 22, 1955**, that I last saw the deceased alive on **JUNE 22, 1955**, and that death occurred at **2:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Denton 2nd	23b. ADDRESS Brookfield Mo.	23c. DATE SIGNED 6-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 23, 1955	24c. NAME OF CEMETERY OR CREMATORY ST. MICHAEL	24d. LOCATION (City, town, or county) (State) BROOKFIELD, Mo
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DATE REC'D BY LOCAL REG. 6-27-55	REGISTRAR'S SIGNATURE Walter Denton 167	25. FUNERAL DIRECTOR'S SIGNATURE WRIGHT FUNERAL HOME	ADDRESS BROOKFIELD, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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.

Not embalmed

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.