

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29292

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>11 mo 4 mos</u>		c. CITY OR TOWN <u>Russellville</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Osteopathic</u>				f. STREET ADDRESS (If rural, give location) <u>Rt. 0260</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Gemeinhardt</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>May 6, 1884</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Mins. _____	
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>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lohman, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christ, Gemeinhardt</u>			13b. MOTHER'S MAIDEN NAME <u>Hoffman, Barbara</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bill Gemeinhardt Russellville, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Anteuterine obstruction</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Circulatory failure</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION <u>9/13/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Umbilical Hernia</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>5612</u>			
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>9/13 10:41 PM</u> , 1955, to <u>9/13 10:41 PM</u> , 1955, that I last saw the deceased alive on <u>9-13</u> , 19 <u>55</u> , and that death occurred at <u>10:41 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lawrence Ernest Giffen DO</u> (Degree or title?)				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>9-14-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENLOE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>	
DATE REC'D BY LOCAL REG. <u>16 Sept 55</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Steffen Russellville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

MO

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

300
48

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 *[Handwritten Signature]*.....

Licensed Embalmer No. *230*

P. O. Address *[Handwritten Address]*

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.