

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1956

State File No. **41111**
Registrar's No. **202**

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 202	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 11 yrs		c. CITY OR TOWN Carthage		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 McCune Brooks Hospital				STREET ADDRESS (If rural, give location) 331 1/2 East Fourth Street			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) MILTON c. (Last) GERKEY			4. DATE OF DEATH (Month) (Day) (Year) Dec. 23 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH August 6, 1964		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checkman, retired		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (City and State or Foreign Country) Homer, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Louis Gerkey		13b. MOTHER'S MAIDEN NAME Margaret Myers		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ed Gerkey, 522 E. Chestnut, Carthage			
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) Acute Pulmonary Edema	INTERVAL BETWEEN ONSET AND DEATH 3 days						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute left sided Heart failure	INTERVAL BETWEEN ONSET AND DEATH 3-4 days						
DUE TO (c) Arteriosclerotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH unknown						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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) (m.)		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 12-18, 1952 , to 12-23, 1953 , that I last saw the deceased alive on 12-22, 1955 , and that death occurred at 3:25 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Grover Patten M.D.			23b. ADDRESS Carthage, Missouri			23c. DATE SIGNED 12/23/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/24/55	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri		
DATE REC'D BY LOCAL REG. 12-23-55		REGISTRAR'S SIGNATURE Elyde A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 5 1956
Jasper County Health Office
County File Number 56-1-20
Date Filed JAN 5 1956

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 D. L. Isbell

Licensed Embalmer No. 497

P. O. Address Conthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.