

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20288

State File No. ....

**FILED JUL 12 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Osage Ts.</b>	c. LENGTH OF STAY (in this place) <b>5 weeks</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>Lake Road 12, Versailles, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>8803 Lexington 3068</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ida</b>	b. (Middle) <b>Nellie</b>	c. (Last) <b>Gafken</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 2, 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 19, 1876</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>No</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Smithton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Kahrs</b>	13b. MOTHER'S MAIDEN NAME <b>Dora Damand</b>	14. NAME OF HUSBAND OR WIFE <b>August Gafken</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>August Gafken, Lake Road 12, Versailles, Mo.</b>	ADDRESS <b></b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>small years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b></b>	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b></b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): <b></b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b></b>

22. I hereby certify that I attended the deceased from May 31, 1957, to June 2, 1957, that I last saw the deceased alive on June 1, 1957, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jack Genuard</b> (Degree or title) <b></b>	23b. ADDRESS <b>Versailles, Mo.</b>	23c. DATE SIGNED <b>6.4.57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 5, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 6-1957</b>	REGISTRAR'S SIGNATURE <b>Zilpha Drow</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A.F. Neunmeyer</b>	ADDRESS <b>Smithton, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

42-1

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..... *A. F. Nemmes*

Licensed Embalmer No. *3912*

P. O. Address *Smithton*

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.