

Health, Welfare, Public Service, 300, -56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31369

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 20

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Franklin</u>                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>New Haven</u> |  | c. CITY OR TOWN <u>New Haven</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |  | d. STREET ADDRESS (If outside, give location)   |  |

|  |                                  |  |   |  |  |
|--|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Mary</u> Middle <u>Homever</u> Last <u>Homever</u>                     |                                  |  | 4. DATE OF DEATH<br>Month <u>Sept.</u> Day <u>16</u> Year <u>1957</u> |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Feb. 18, 1868</u>                              | 9. AGE (In years last birthday)<br><u>89</u>                       | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>28</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>House Keeper</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>New Haven Mo.</u> |  |
| 13. FATHER'S NAME<br><u>Henry Gerdes</u>   |                                  |  | 14. MOTHER'S MAIDEN NAME<br><u>Charlotte Strothmann</u>               |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |   | 17. INFORMANT<br><u>M Mrs. Edward Homever New Haven Mo.</u>        |  |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral vascular accident with hemiplegia</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>17 1/2 mo.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Arteriosclerosis (General)</u> |  | <u>25 yr.</u>   |
|   | DUE TO (c) _____                             |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |  |
|---|--|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) |  |
| 20c. TIME OF INJURY<br>Hour _____ a. m. _____ p. m.   |  |  |

|  |   |  |                           |                                    |
|--|---|--|---------------------------|------------------------------------|
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><u>New Haven</u> | COUNTY<br><u>Franklin</u> | STATE<br><u>Missouri</u>           |
| 21. I attended the deceased from <u>10/12/50</u> to <u>9/16/57</u> and last saw <u>her</u> alive on <u>9/4/57</u><br>Death occurred at <u>6:30</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated. |   |  |                           |                                    |
| 22a. SIGNATURE<br><u>B. P. Eisenmann</u> (Degree or title) <u>M.D.</u>   |   | 22b. ADDRESS<br><u>New Haven, Mo.</u>            |                           | 22c. DATE SIGNED<br><u>9/17/57</u> |

|   |                                    |  |   |         |
|---|------------------------------------|--|---|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>          | 23b. DATE<br><u>Sept. 19, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Beauf Luth Com.</u> | 23d. LOCATION (City, town, or county)<br><u>New Haven Mo.</u> | (State) |
| 24. FUNERAL DIRECTOR<br><u>L. C. Fertig &amp; Son New Haven Mo.</u> |                                    | 25. DATE RECD. BY LOCAL REG.<br><u>Sept. 17-1957</u>         | 26. REGISTRAR'S SIGNATURE<br><u>Notie Murphy</u>              |         |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

---

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.....  
*Earl O. Jett*

Licensed Embalmer No. *348*

P. O. Address *New York*

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.