

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35128**

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4110</u>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		c. LENGTH OF STAY (In this place) <u>1 hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury township 0210</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 block, So. Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>Aprox. 6 Mi. So. W of Salisbury</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>		b. (Middle) <u>----</u>		c. (Last) <u>Gesling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 17, 1887</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Forest Green, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Christ Gesling</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Sanders</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Hartung Gesling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>490-42-7621</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Gesling, Salisbury, Mo.</u> ADDRESS _____					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolic</u> ANTECEDENT CAUSES <u>Infant</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr</u> <u>1/2 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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) (Min.)		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>Oct 22, 1957</u> to <u>Oct 22, 1957</u> , that I last saw the deceased alive on <u>Oct 22, 1957</u> and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>10/22/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10.25-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Lutheran Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Forest Green, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10/22/57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B. Winckelmann, Salisbury, Mo.</u> ADDRESS _____					

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

358

APR 8 8 1957

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
Student Embalmer

Signed Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

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