

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022780

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 287

FILED JUL 7 1958

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR BOTHWELL HOSPITAL INSTITUTION <u>Bothwell hospital</u>		d. STREET ADDRESS (If outside, give location) <u>0801 213 East Second</u>	
Length of stay in lb <u>13 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>HENRY</u> Last <u>GERKEN</u>			4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 23, 1883</u>	9. AGE (In years birthday) <u>74</u>	10. F UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer laborer, ret'd.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Agr.</u>	11. BIRTHPLACE (City and state or country) <u>Florence, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Gerken</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lutgen</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Chilcoat Gerken</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>not obtainable</u>	17. INFORMANT Address <u>Mrs. Carl Romig, Rt. 3, Windsor, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL APOPLEXY</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>ARTERIOSCLEROSIS</u>		
DUE TO (c) <u>334X</u>		
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? 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.)
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20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year <u>p.m.</u>	20d. INJURY OCCURRED WHILE AT <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 <u>Sedalia Mo</u>	COUNTY <u>Pettis</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>JUNE 21-58</u> to <u>DEATH</u> and last saw her alive on <u>JULY-4-58</u> Death occurred at <u>1:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Karl A. Lower MD</u>	22b. ADDRESS <u>Sedalia Mo</u>	22c. DATE SIGNED <u>5 July 1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/7/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Florence Cemetery</u>	23d. LOCATION (City, town, or county) <u>Rural Pettis County, Mo.</u>
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FUNERAL DIRECTOR <u>William Curvey</u>	ADDRESS <u>Sedalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 6-1958</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *R. E. Baker*

Licensed Embalmer No. *2419*
P. O. Address *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.