

st. Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035999

STATE FILE NUMBER

FILED NOV 5 1958

Registration District No.

112

Primary Registration District No.

5429

Registrar's No.

12

S. 300

1-57

1. PLACE OF DEATH

a. COUNTY

Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN

Gerald - LYON

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

1360 Gerald

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

✓

Length of stay in 1b

✓

d. STREET ADDRESS (If outside, give location)

GERALD R.R.#1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

BENJAMIN

FRED

PANHORST

5. SEX

Male ☒

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH

Sept. 15, 1892

9. AGE (In years last birthday)

66

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Gerald, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Louis Panhorst

13b. MOTHER'S MAIDEN NAME

Louise Holtgrewe

14. NAME OF HUSBAND OR WIFE

Flora Emma Panhorst

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.

101-12-6265

17. INFORMANT

Flora Emma Panhorst, Gerald, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cc of fungus of stomach
& metastatic carcinoma to liver

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

151X

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 ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21. I attended the deceased from

Death occurred at

8-4-58

to 10-27

and last saw him alive on

10-26-58

22a. SIGNATURE

(Degree or title)

Charles E. Schum (Dr. of Med.)

22b. ADDRESS

Gerald

22c. DATE SIGNED

10-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 29, 1958

23c. NAME OF CEMETERY OR CREMATORY

Ebenezer Church Cem.

23d. LOCATION (City, town, or county)

Gerald, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Oltmann Funeral Home, Gerald, Mo.

25. DATE RECD. BY LOCAL REG.

Oct 29-1958

26. REGISTRAR'S SIGNATURE

John Charles Fendley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8561 9 NOV

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 Ernst L. Oltmann

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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.