Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004483
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MO. MEDICAL CENTER — Length of stay in 1b 2 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY PHELPS
c. CITY OR TOWN ROLLA 0812 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) WOODS TRAILER CT. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First GLEN Middle EDWARD Last GERSTENSCHLAGER

4. DATE OF DEATH Month FEB Day 9 Year '59

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH FEB 13 '58
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 11 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BONNE TERRE, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME MARION GERSTENSCHLAGER
13b. MOTHER'S MAIDEN NAME BARBARA COLLIER
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address UNIVERSITY OF MO. MEDICAL RECORDS COLUMBIA, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) LOBAR PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 3+ DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RENAL SHUT DOWN 490X
19. WAS AUTOPSY PERFORMED? YES [X] 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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-6-59, to 2-9-59 and last saw her/him alive on 2-9-59
Death occurred at 12:20 9 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerard Van Leeuwen M.D.
22b. ADDRESS UNIV. HOSP. COLUMBIA, MO
22c. DATE SIGNED 2-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/11/59
23c. NAME OF CEMETERY OR CREMATORY Bark View
23d. LOCATION (City, town, or county) (State) Farmington MO

24. FUNERAL DIRECTOR ADDRESS Lyman Sparkle, Columbia, MO
25. DATE RECD. BY LOCAL REG. Feb 9 1959
26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Mrs [illegible]
500 [illegible], [illegible]

FEB 24 [illegible]

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 Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, M

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.