

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006163

STATE FILE NUMBER

FILED FEB 19 1959

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 19

300
-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ROCK TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEAR KIMMSWICK Mo.		Length of stay in lb 3 WEEKS	d. STREET ADDRESS (If outside, give location) NEAR KIMMSWICK Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JEFFREY L. GAU			4. DATE OF DEATH Month Day Year FEB. 7. 1959
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 16. 1957
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months Days 0 21	IF UNDER 24 HRS. Hours Min. - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) MINERAL POINT Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Kenneth GAU.	
13b. MOTHER'S MAIDEN NAME RITA COFFMAN		14. NAME OF HUSBAND OR WIFE SINGLE	
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. NONE	17. INFORMANT Kenneth GAU Address IMPERIAL 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) LOBAR PNEUMONIA.			INTERVAL BETWEEN ONSET AND DEATH
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) 490X			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 COUNTY STATE
21. I attended the deceased from Inquest to _____ and last saw her/him alive on _____ Death occurred at 4:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert E. Bauer</i> (Degree or title)		22b. ADDRESS Imperial Mo.	22c. DATE SIGNED 2/7/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-9-59	23c. NAME OF CEMETERY OR CREMATORY ST. JOSEPHS CEM.	23d. LOCATION (City, town, or county) (State) KIMMSWICK Mo
24. FUNERAL DIRECTOR HEILIGTAG - IMPERIAL Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 2-9-59	26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED
FEB 17 1959

MAK 11 1959

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 .. *Arthur W. Heiligtag*

Licensed Embalmer No. *3872*

P. O. Address .. *Imperial 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.