

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020781

FILED JUL 13 1959 82

Registration District No. \_\_\_\_\_ Primary Registration District No. 3017 Registrar's No. 92

STATE FILE NUMBER

FILED

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u>		Length of stay in 1b <u>3 month</u>	c. CITY OR TOWN <u>Pilot Grove</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>✓</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>FRANK - BERNARD - GERBING</u>			4. DATE OF DEATH <u>July 6, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 18, 1881</u>	9. AGE (Last birthday) OF UNDER 1 YEAR IF UNDER 24 HR Months <u>79</u> Days <u>7</u> Hours <u>7</u> Min. <u>7</u>
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>Retired</u>	11. BIRTHPLACE (City and state of country) <u>Fall Madison, Iowa U.S.A.</u>	

13a. FATHER'S NAME <u>Stephen Gerbing</u>	13b. MOTHER'S MAIDEN NAME <u>Christine Vonderhaar</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Gerbing</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-42-5288</u>	17. INFORMANT <u>Vernon Gerbing, Pilot Grove, Mo</u>

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>hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <small>(Ver. p. 5)</small>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>generalized &amp; central arteriosclerosis</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 <u>10-12-56</u> Month, Day, Year a.m. <u>7-6-59</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <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>Pilot Grove, Mo</u>		COUNTY <u>Mo</u> STATE <u>Mo</u>

21. I attended the deceased from 10-12-56 to 7-6-59 and last saw him alive on 7-6-59  
Death occurred at 1:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>William C. Clark M.D.</u>	22b. ADDRESS <u>329 Main Street, Boonville, Mo</u>	22c. DATE SIGNED <u>7-6-59</u>
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23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 8, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>
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24. FUNERAL DIRECTOR <u>Hays - Painter, Pilot Grove, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7/6/59</u>	26. REGISTRAR'S SIGNATURE <u>D. Hooper</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert L. Painter*

Licensed Embalmer No. *406*

P. O. Address *Pilot Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.