

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS OCT 8 1959**

**59-031398**

Registration District No. 11 Primary Registration District No. 5043 Registrar's No. 77 STATE FILE NUMBER

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Berry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Berry</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN<br><b>Life</b>                      |  | c. CITY OR TOWN <b>Seligman</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home Near Seligman</b> |  | d. STREET ADDRESS (If outside, give location)  |  |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                     |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |

|   |                                  |   |   |   |  |  |
|---|----------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>George</b> Middle <b>Henry</b> Last <b>Gemmecke</b>                   |                                  |   | 4. DATE OF DEATH<br>Month <b>9</b> Day <b>23</b> Year <b>1959</b> |   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/22/1887</b>                              | 9. AGE (last birthday)<br><b>72</b>                                     | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b>         |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farmer</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Berry Co. Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
| 13a. FATHER'S NAME<br><b>George Gemmecke</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Martin</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Ella Gemmecke</b>                     |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>497-16-9168</b>   |   | 17. INFORMANT<br><b>Ella Gemmecke Seligman Mo.</b>                      |  |  |

|   |   |  |
|---|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |   | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <b>Hemiplegia</b>   |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Arterial-Hypertension</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) |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.   | Month, Day, Year  |  |

|   |  |                              |        |       |
|---|--|------------------------------|--------|-------|
| 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 | COUNTY | STATE |
| 21. I attended the deceased from <u>Aug 20 1957</u> to <u>Sept. 23 57</u> and last saw <sup>him</sup> alive on <u>Aug 23 1959</u><br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  |                              |        |       |

|  |                               |  |   |
|--|-------------------------------|--|---|
| 22a. SIGNATURE (Degree or title)<br><b>Dr. Chas. R. Brown D.O.</b> |                               | 22b. ADDRESS<br><b>Seligman Mo</b>                             | 22c. DATE SIGNED<br><b>Sept 28 57</b>                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>         | 23b. DATE<br><b>9/26/1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Seligman Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Seligman Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Miller-Sisco</b>                        |                               | 25. DATE RECD. BY LOCAL REG.<br><b>Oct 3 - 1959</b>            | 26. REGISTRAR'S SIGNATURE<br><b>Grace Williams</b>                        |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 3 1959

### STATEMENT BY LICENSED EMBALMER

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

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

Signed Billy B. Sisco

Licensed Embalmer No. 781

P. O. Address Box 54

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