

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-024090

ED VS

JUL 12 1960

250

Primary Registration District No. 4416

Registrar's No. 49

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Platte		Length of stay in 1b 3 Years		c. CITY OR TOWN Platte City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home In Platte City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Ann Last Gerdes				4. DATE OF DEATH Month June Day 27 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-14-29	9. AGE (last birthday) 31	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Leavenworth, Kan.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Harry Baker			13b. MOTHER'S MAIDEN NAME Mary Ann Leachman		14. NAME OF HUSBAND OR WIFE Clarence Gerdes			
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. 492-38-5421		17. INFORMANT Address Mo. Clarence Gerdes Platte City, 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) Angiographic cerebral sclerosis						INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
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)					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			
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 _____ 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 7-29 to 6-60 and last saw ^(her) him alive on 6-27-60 Death occurred at 11:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Clarence Gerdes, M.D. (Degree or title)				22b. ADDRESS Platte City, Mo		22c. DATE SIGNED 6/30/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-30-60	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) Craig, Missouri		(State)		
24. FUNERAL DIRECTOR ADDRESS Rollins & Mitchell Platte City, Mo.				25. DATE RECD. BY LOCAL REG. June 29, 1960		26. REGISTRAR'S SIGNATURE B. Phia Rollins		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

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 Larry R. Rollin

Licensed Embalmer No. 5110

P. O. Address St. Albans, Vt.

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.