

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

EILED VS SEP 6 1960 77

=60-030013

Registration District No. \_\_\_\_\_ Primary Registration District No. 3016 Registrar's No. 298 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
Length of stay in 1b		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>Memorial Community Hosp.</u>		d. STREET ADDRESS (if outside, give location) <u>1424 East Miller St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK GUSTAVE GAWER</u>			4. DATE OF DEATH Month Day Year <u>August 26, 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR 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>1-28-1886</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>6 29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>		11. BIRTHPLACE (City and state or country) <u>Chamois, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Gawer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Schomberg</u>		14. NAME OF HUSBAND OR WIFE <u>Delmer Stock Gawer</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>486-16-3625</u>	17. INFORMANT <u>Mrs Delmer Gawer 1424 E. Miller J.C., Mo.</u>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ? ?
IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <u>Cerebral arteriosclerosis</u>		
DUE TO (c) <u>Generalized</u>		
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 7-16-60 to 8-26-60 and last saw him alive on 8-26-60  
Death occurred at 3:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <u>Robert H. Penner, M.D.</u>	22b. ADDRESS <u>Jefferson City, Mo</u>	22c. DATE SIGNED <u>8-27-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 28, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>
		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>

24. FUNERAL DIRECTOR <u>Buescher Memorial</u>	ADDRESS <u>Jefferson City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>29 Aug. 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, M.D. - Richter, J.</u>
--	---------------------------------------	---	---

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

VS SEP 6 - 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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn M.

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.