

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

=60-042887

FILED NOV 29 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 231 Registrar's No. 5811

1. PLACE OF DEATH a. COUNTY MONTGOMERY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONTGOMERY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIGH HILL MO		Length of stay in 1b	c. CITY OR TOWN HIGH HILL MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle HENRY Last GERDEMAN			4. DATE OF DEATH Month NOV Day 17 Year 1960		
5. SEX M	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-21-1909	9. AGE (last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BIG SPRINGS MO		12. CITIZEN OF WHAT COUNTRY U S
13a. FATHER'S NAME FRED GERDEMAN		13b. MOTHER'S MAIDEN NAME ANNIE GRAUE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1 WORLD WAR		16. SOCIAL SECURITY NO. 489-42-9023	17. INFORMANT ALFRED GEREDMAN MONTGOMERY CITY MO		
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
IMMEDIATE CAUSE (a) Coronary Embolism					5 min.
DUE TO (b) Coronary Heart Disease					Sev. yrs.
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis					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 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 April 11, 1958 to Nov. 17, 1960 and last saw her/him alive on Oct. 20, 1960 Death occurred at 11:20 a m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. W. Thompson DO</i> (Degree or title)			22b. ADDRESS <i>New Florence, Mo</i>		22c. DATE SIGNED <i>Nov 19-1960</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-19-1960	23c. NAME OF CEMETERY OR CREMATORY ST JAMES CEMETERY		23d. LOCATION (City, town, or County) (State) BIG SPRINGS MO	
24. FUNERAL DIRECTOR D. B. BAKER NEW FLORENCE MO			ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Nov. 20, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Mr. John W. Dykoff</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 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 D B Baker

Licensed Embalmer No. 3375
P. O. Address New Haven

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.