

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043013

LED VS NOV 28 1960

Registration District No. 273 Primary Registration District No. _____ Registrar's No. 133

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Perry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Perry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Altenburg | | c. CITY OR TOWN Altenburg | |
| Length of stay in 1b Life | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | 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"/> | |

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| 3. NAME OF DECEASED (Type or print) First Martin Middle G Last Gerler | | | 4. DATE OF DEATH Month November Day 4 Year 1960 | | |
| 5. SEX Male | 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 8-22-85 | 9. AGE (last birthday) 75 | IF UNDER 1 YEAR Months _____ Days _____ |
| 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) Perry County, Mo. | |
| 13a. FATHER'S NAME Fredrick Gerler | | 13b. MOTHER'S MAIDEN NAME Linna Lintner | | 14. NAME OF HUSBAND OR WIFE Emma Mueller | |

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| 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. 490-38-9632 | 17. INFORMANT Mrs Emma Gerler Altenburg, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs 10 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerosis | |
| | DUE TO (c) | |

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| 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 | |
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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 _____ a.m. _____ p.m. Month, Day, Year _____ | | |

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|--|--|--|----------------------|-------|
| 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 Altenburg | COUNTY Mo. | STATE |
|--|--|--|----------------------|-------|

21. I attended the deceased from Sept. 22nd 1956 and last saw him alive on Oct 5th 1960
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Theodore Fischer MD (Degree or title) | 22b. ADDRESS Altenburg Mo | 22c. DATE SIGNED 11/6/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-6-1960 | 23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cem. Altenburg Mo. | 23d. LOCATION (City, town, or county) Altenburg Mo. |
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| 24. FUNERAL DIRECTOR Young & Sons Perryville Mo. | 25. DATE RECD. BY LOCAL REG. 11-8-60 | 26. REGISTRAR'S SIGNATURE Joe J. Zollner |
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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 Wallace Young

Licensed Embalmer No. 7027

P. O. Address Palmyra

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.