

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1961

38

Registration District No. _____ Primary Registration District No. 3006

Registrar's No. 721

=60-045128

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>					
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		Length of stay in 1b <u>11 days</u>		c. CITY OR TOWN <u>Gerald</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ellis Fischell</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>Rural Route 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Bennie</u> Middle <u>Martin</u> Last <u>Gerlemann</u>				4. DATE OF DEATH Month <u>12</u> Day <u>28</u> Year <u>60</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>7/5/89</u>	9. AGE (last birthday) <u>71</u>	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) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Franklin County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>America</u>		
13a. FATHER'S NAME <u>Henry Gerlemann</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Knehaus</u>			14. NAME OF HUSBAND OR WIFE <u>Leona Gerlemann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>498-40-8765</u>		17. INFORMANT <u>Ellis Fischel State Cancer Hospital</u> Address <u>Hospital Records- Columbia, 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			
IMMEDIATE CAUSE (a) <u>renal failure</u>						<u>2 months</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>bilateral hydronephrosis</u>				<u>2 years</u>			
		DUE TO (c) <u>carcinoma of urinary bladder with metastases</u>				<u>2 years</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>bilateral polycystic kidneys + polycystic liver</u>						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 _____ s.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>12-16-60</u> to <u>12-28-60</u> and last saw her/him alive on <u>12-28-60</u> Death occurred at <u>2:10 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>T. Dr. [Signature]</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>State Cancer Hospital, Columbia, Mo</u>				22c. DATE SIGNED <u>12-28-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-30-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newhaven Cemetery</u>		23d. LOCATION (City, town, or county) <u>New Haven Missouri</u>			(State)	
24. FUNERAL DIRECTOR <u>Lyman Sprinkle, Columbia, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Dec 28, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. P.E. Palmer</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 4 1961

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 Richard A. Keen

Licensed Embalmer No. 510

P. O. Address Columbia

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.