

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-020893

STATE FILE NUMBER

AMENDED **FILED JUL 13 1961** Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 34

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hermann		Length of stay in 1b 84 years		c. CITY OR TOWN Hermann		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 112 E. 3rd St			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 112 E. 3rd St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First HENRY Middle HERMAN Last GAETNER				4. DATE OF DEATH Month July Day 4 Year 1961											
5. SEX Male		6. COLOR OR RACE Cau.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/30/1876		9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker				10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry		11. BIRTHPLACE (City and state or country) Hermann, Mo		12. CITIZEN OF WHAT COUNTRY US							
13a. FATHER'S NAME Henry H. Gaertner				13b. MOTHER'S MAIDEN NAME Hennietta Dreier				14. NAME OF HUSBAND OR WIFE Marie Gaertner							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No						17. INFORMANT Address Marie Gaertner, Hermann, 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) Carcinomatosis (general) DUE TO (b) Carcinoma of prostate DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 2 mo. 18 mo.					
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 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 6/6/61 to 7/4/61 and last saw him alive on 7/1/61 Death occurred at 3:29 A. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Name or title) H. Blumer, Inc.						22b. ADDRESS Hermann, Mo			22c. DATE SIGNED 7/5/61						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/6/1961		23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery				23d. LOCATION (City, town, or county) (State) Hermann, Mo							
24. FUNERAL DIRECTOR ADDRESS Herman Blumer Inc Hermann, Mo				25. DATE RECD. BY LOCAL REG. 7-5-61		26. REGISTRAR'S SIGNATURE Delma Uffelmann									

JUL 13 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by ORVAL GRONER Student Embalmer No. 6041

working under my personal supervision.

Student *Orval Groner*
Signature of Student Embalmer

Signed *August St. Julien*

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo.

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.