

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-003795

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **533**

STATE FILE NUMBER

FILED JAN 19 1962

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 4 days		c. CITY OR TOWN Clarksville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ray Middle William Last GERRY				4. DATE OF DEATH Month January Day 10 Year 1962				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-18-1901	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Worked for John M. Mc Ilroy		11. BIRTHPLACE (City and state or country) Pike County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Bell Gerry			14. NAME OF HUSBAND OR WIFE Martha Gerry		
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 J.B. Sterne Funeral Home, Louisiana, 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) laceration of 2 subclavian arteries DUE TO (b) accidental fall DUE TO (c) 902-1-3 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 14d
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) operation 1-10-62 repair lacerated subclavian artery						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 checked="" 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.) fell from hayloft on his own farm						
20c. TIME OF INJURY Hour about Month, Day, Year 12-28-61		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bs farm		20f. CITY, TOWN, OR LOCATION Clarksville		COUNTY Mo		STATE
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 5 Jan 1962 to 10 Jan 1962 and last saw her alive on 10 Jan 1962 Death occurred at 9:30 PM 10 Jan 1962 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Gall B Hershey MD (Degree or title)				22b. ADDRESS 18 S Kingshighway		22c. DATE SIGNED 12 Jan		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Auto)		23b. DATE 1-12-62		23c. NAME OF CEMETERY OR CREMATORY Dover Cemetery		23d. LOCATION (City, town, or county) (State) Pike County, Missouri		
24. FUNERAL DIRECTOR ADDRESS J.B. Sterne Funeral Home, Louisiana, Mo.				25. DATE RECD. BY LOCAL REG. JAN 12 1962		26. REGISTRAR'S SIGNATURE Road Smith, M.D.		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OK
Relax & Taylor
Coroner 1/15/62

(In office: 1:30 to 4:00 P.M. FRIDAY)

Dr. George Roulhac
Beaumont Bldg.

Phone: JE 1-4288

2321 P. O. MAIL CENTER

Dr. Fals Hershey 18 S Kings 2:30 - 4:30
John Hershey FO 13156

FEB 2 1962

JAN 30 1962

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 _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Allen Davis
Licensed Embalmer No. 4053

P. O. Address JH

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.

Jan 10 - 1962