

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022228

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 280

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p><b>FILED JUL 2 1962</b></p>		<p>1. PLACE OF DEATH</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p>	
<p>a. COUNTY <u>Cape Girardeau</u></p>		<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u></p>		<p>a. STATE <u>Missouri</u> b. COUNTY <u>Ballinger</u></p>	
<p>c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo Hosp</u></p>		<p>Length of stay in 1b <u>28 hours</u></p>		<p>c. CITY OR TOWN <u>Rural near Zalma</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>d. STREET ADDRESS <u>341 W of Zalma</u></p>		<p>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>341 W of Zalma</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>JAMES</u> Last <u>GENDRON</u></p>			<p>4. DATE OF DEATH Month <u>June</u> Day <u>26</u> Year <u>1962</u></p>		
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Mar 1, 1900</u></p>	<p>9. AGE (last birthday) <u>62</u></p>	<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boat Operator</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>45 Engineers River Dredging</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Kankaskia Illinois</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>		<p>13a. FATHER'S NAME <u>Wm Gendron</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Adelia du Roche</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Dora Adams Gendron</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>Don't Know</u></p>	
<p>17. INFORMANT <u>Mrs Dora Adams Gendron</u></p>		<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u></p>		<p>DUE TO (b) <u>Cerebral Hemorrhage</u></p>		<p><u>2 days</u></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>		<p>DUE TO (c) <u>Hypertension</u></p>		<p><u>2 days</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Possible Head Injury suffered in auto accident</u></p>				<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>auto accident immediately after C.V.A. evidently - no witnesses</u></p>			
<p>20c. TIME OF INJURY Hour <u>approx 2</u> p.m. Month, Day, Year <u>6-25-62</u></p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>street &amp; ditch</u></p>	<p>20f. CITY, TOWN, OR LOCATION - <u>near scott city, mo</u></p>	<p>COUNTY <u>scott</u></p>	<p>STATE <u>mo</u></p>	
<p>21. I attended the deceased from <u>6-25-62</u> to <u>6-26-62</u> and last saw him alive on <u>6-26-62</u></p> <p>Death occurred at <u>10:30 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>Marshall Jung MD</u></p>			<p>22b. ADDRESS <u>Illmo Mo</u></p>		<p>22c. DATE SIGNED <u>6-27-62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>6/29/62</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u></p>	
<p>24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME</u></p>		<p>ADDRESS <u>Illmo Mo</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>6-29-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Frank Kasten</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 17 1962

AUG 17 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 Oliver P. Smith

Licensed Embalmer No. 4470

P. O. Address Illus 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.