

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034283

STATE FILE NUMBER

Registration District No. 112 Primary Registration District No. 5429 Registrar's No. 18

**FILED SEP 25 1962**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

0360

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</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) OR TOWN <u>LESLIE, R#1 - Lyon</u>		Length of stay in lb <u>LIFE</u>	c. CITY OR TOWN <u>LESLIE, R#1 - MO.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>L</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>✓</u>

3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>E.</u> Last <u>GERDES</u>			4. DATE OF DEATH Month <u>SEPT.</u> Day <u>20</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-27-1977</u>	9. AGE (last birthday) <u>85</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>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>CASCA - FRANKLIN U.S.A.</u>	
13a. FATHER'S NAME <u>LOUIS GERDES</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE OSIEK</u>		14. NAME OF HUSBAND OR WIFE <u>SOPHIA GERDES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>			17. INFORMANT (Address) <u>ARMIN GERDES (SON) LESLIE, MO.</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		<u>3 hours</u>
DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u>		<u>app. 10 yrs</u>
DUE TO (c) <u>none (Patient blind)</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</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.) <u>No accident</u>	
20c. TIME OF INJURY Hour <u>6/4/60</u> Month, Day, Year <u>to 9/20/62</u> a.m. p.m.	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>6/4/60</u> to <u>9/20/62</u> and last saw <u>him</u> alive on <u>9/20/62</u> Death occurred at <u>5:10</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>B. P. Eisenmann M.D.</u>		22b. ADDRESS <u>New Haven, Mo.</u>		22c. DATE SIGNED <u>9/21/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT. 22 - 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EBENEZER LUTHERAN</u>	23d. LOCATION (City, town, or county) <u>PORT HUDSON, MO.</u>	

24. FUNERAL DIRECTOR <u>Harold W. Holderiath</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 22 - 1962</u>	26. REGISTRAR'S SIGNATURE <u>John Charles Finley</u>
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Beaufort, Mo. (Licensed Embalmer's Statement on Reverse Side)

**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 Stanley E. Meyer

Licensed Embalmer No. 7639

P. O. Address Union, 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.