MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-046699
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0460
2 0460
3
4 0
5 1
6
7 1
8 2
9 163X
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11
12 70-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 78

FILED DEC 26 1962

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Spgs.Twp. | Length of stay in 1b 1½ Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN Willow Springs | Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #2 | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ROBERT Middle N. Last GERBER

4. DATE OF DEATH Month Dec. Day 17, Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/4/95
9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months 1 Days 13 | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Buffalo, N.Y.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Emil Gerber
13b. MOTHER'S MAIDEN NAME Regina Messner
14. NAME OF HUSBAND OR WIFE Savilla Gerber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 32[redacted]
17. INFORMANT Address rs. Savilla Gerber, Willow Spgs., M

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adeno Carcinoma of lungs. | INTERVAL BETWEEN ONSET AND DEATH approx 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10/2/61 to 12/17/62 and last saw him alive on 12/15/62
Death occurred at 11:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Amos Coffee MD (Degree or title) Dr. Amos Coffee, M.D.
22b. ADDRESS Willow Springs, Mo.
22c. DATE SIGNED 12/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/19/62
23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) (State) Willow Springs, Mo.

24. FUNERAL DIRECTOR ADDRESS Burns, Willow Springs, Mo.
25. DATE RECD. BY LOCAL REG. 12/20/62
26. REGISTRAR'S SIGNATURE Maggie Moss

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1963

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_____ Signed T. R. Burns T. R. Burns

Signature of Student Embalmer

Licensed Embalmer No. 4216

P. O. Address Willow Springs, 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.