

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002177

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 1

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 8 1963

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jefferson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <p style="text-align: center;">Jefferson</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center;">Rural Joachim Twp.</p>		Length of stay in 1b <p style="text-align: center;">1 day</p>	c. CITY OR TOWN <p style="text-align: center;">Hematite</p>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center;">Jefferson Memorial Hosp.</p>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <p style="text-align: center;">none</p>
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center;">Earl Augustus Gerber</p>		4. DATE OF DEATH Month Day Year <p style="text-align: center;">Jan. 1, 1963</p>	

5. SEX <p style="text-align: center;">M</p>	6. COLOR OR RACE <p style="text-align: center;">W</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center;">11/27/89</p>	9. AGE (last birthday) <p style="text-align: center;">73</p>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Carpenter (Ret)</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">----</p>	11. BIRTHPLACE (City and state or country) <p style="text-align: center;">Hematite, Mo.</p>	12. CITIZEN OF WHAT COUNTRY <p style="text-align: center;">USA</p>
13a. FATHER'S NAME <p style="text-align: center;">Louis D. Gerber</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Sarah Cooper</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Virginia Gerber</p>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	16. SOCIAL SECURITY NO. <p style="text-align: center;">90</p>	17. INFORMANT Address <p style="text-align: center;">Opal B. Sanguinette, 1203 Missouri, Crystal City, Mo.</p>
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18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	<p style="text-align: center;"><i>Cancer urinary bladder</i></p>	INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;"><i>7 months</i></p>	
	DUE TO (b)	<p style="text-align: center;"><i>Causes kidney & prostate</i></p>	<p style="text-align: center;"><i>4 months</i></p>
	DUE TO (c)	<p style="text-align: center;"><i>Uremia</i></p>	<p style="text-align: center;"><i>2 days</i></p>

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
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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 s.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from Jan 31/63 to Jan 1/63 and last saw her/him alive on Jan 1-63
 Death occurred at 10:00 p. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <p style="text-align: center;"><i>Harry Gossett M.D.</i></p>	22b. ADDRESS <p style="text-align: center;">1058 H. Maw Festus Mo</p>	22c. DATE SIGNED <p style="text-align: center;">Jan 3/63</p>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	23b. DATE <p style="text-align: center;">1-4-63</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Christian</p>	23d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Hematite, Mo.</p>
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24. FUNERAL DIRECTOR <p style="text-align: center;">Vinyard Funeral Home, Festus, Mo.</p>	25. DATE RECD. BY LOCAL REG. <p style="text-align: center;">1-4-63</p>	26. REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>James G. Pardo</i></p>
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VS 300 Rev. 4/59
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 9 1810
 10
 11
 12 1-0
 13 1--0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

(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 Donald H. Vinyard

Licensed Embalmer No. 4608

P. O. Address Festus, 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.