

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035895

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 260

FILED OCT 14 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

10425  
20425

3  
4 1  
5 2  
6  
7 1  
8 2  
9 X  
10  
11 042  
12 10  
13 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Clinton	
Length of stay in 1b years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General		d. STREET ADDRESS (If outside, give location) 228 N. Washington	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last HELEN ELIZABETH GERHARDT			4. DATE OF DEATH Month Day Year October 9, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1922
9. AGE (last birthday) 71		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) At Home		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Galesburg, Illinois
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charles H. Whitaker	
13b. MOTHER'S MAIDEN NAME Ella May Martin		14. NAME OF HUSBAND OR WIFE Otto Gerhardt, Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-50-6733	
17. INFORMANT Marion Hoskins Clinton, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock due to multiple injuries</i>			INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>(1) Crushed chest with hemorrhage</i>			
DUE TO (c) <i>(2) Skull fracture</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>(3) Compound fracture left arm</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <i>Auto accident</i>	
20c. TIME OF INJURY Hour Month, Day, Year 4:30 p.m. 10/9/63			
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.) <i>East Franklin St.</i>	20f. CITY, TOWN, OR LOCATION Clinton	COUNTY Henry STATE Mo.
21. I attended the deceased from 10/9/63 to 10/9/63 and last saw her alive on 10/9/63		Death occurred at 6:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Dr. R. S. Hallingmaier M.D.</i>		22b. ADDRESS Clinton Mo.	22c. DATE SIGNED 10/10/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 11, 1963	23c. NAME OF CEMETERY OR CREMATORY Englewood	23d. LOCATION (City, town, or county) Clinton, Missouri
24. FUNERAL DIRECTOR Consalus Clinton, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 10, 1963	26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

OCT 18 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene R. Consalieu

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit Obtained

10-10-63

(initials)