

No. 300
10-48

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29718

27

82

3017

Registrar's No. 101

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>101</u>			
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		d. STREET ADDRESS (If rural, give location) <u>210 Third St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home.</u>				d. STREET ADDRESS (If rural, give location) <u>210 Third St.</u>					
3. NAME OF DECEASED (Type or Print) <u>Frank</u>		a. (First)		b. (Middle)		c. (Last) <u>Gertz</u>			
4. DATE OF DEATH <u>August 27th 1949</u>		(Month)		(Day)		(Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 28th 1876</u>			
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Market</u>		11. BIRTHPLACE (State or foreign country) <u>California, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Carl Gertz</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Debusman</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Jessie Gertz.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-05-9850</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jessie Gertz, Boonville, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				4222	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Trophic ulcers of legs</u>									
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 3, 1945</u> , to <u>Aug 27, 1949</u> , that I last saw the deceased alive on <u>Aug 26, 1949</u> , and that death occurred at <u>3:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>T C Beckwith MD</u>				23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>Aug 27, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 29th 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>			
DATE REC'D BY LOCAL REG <u>Aug 30-49</u>		REGISTRAR'S SIGNATURE <u>Do Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>38</u>		ADDRESS <u>Goodman & Boller, Boonville, Missouri.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 6

District Health Officer No. 8;

District File Number _____

Date Filed _____

9-21-49

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 _____
Student Embalmer _____

Signed G. F. Boller

Licensed Embalmer No. 3062

P. O. Address. Boonville, 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 this body is not embalmed, fact should be so stated above.