

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29840

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 951

272
0

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

1. PLACE OF DEATH a. COUNTY <u>Cooper.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Howard.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural.</u> <u>0450</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>New Franklin mo R.R. 1.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>MARY</u> c. (Last) <u>GERDING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23-1950</u>		
---	--	--	--	--	--

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 30-1882</u>	9. AGE (In years) (last birthday) <u>67</u> # UNDER 1 YEAR Months Days Hours Min. <u>7</u>	
------------------	-------------------------------	---	--------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Warren Co. mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Wern Neumann</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Wollbrink</u>	14. NAME OF HUSBAND OR WIFE, <u>John Gerding</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dray Gerding</u> ADDRESS <u>614 Leroy Boonville</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>
---	---	--	---

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial nephrosclerosis</u> and DUE TO (c) <u>pyelonephritis, acute</u>	UNKNOWN
---	---------

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus, mild</u> <u>arteriosclerotic heart disease</u>	3 weeks 2 years UNKNOWN
--	-------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>446X</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 March, 1949, to Sept 22, 1950, that I last saw the deceased alive on Sept 22, 1950, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Neumann</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>9-24-50</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>	24b. DATE <u>Sept 24-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt. Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>New Franklin mo</u>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9-24-50</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u> <u>381</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. O. Keenan</u> ADDRESS <u>New Franklin mo.</u>
---	---	--

RECEIVED 10/2/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10/2/50

NOV 14 1950

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.

Signed _____
Student Embalmer

Signed

P. L. Hall

Licensed Embalmer No. 3515

P. O. Address *New Franklin, 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.