

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22107**

No. 300
10-48

FILED JUL 16 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **717**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 3618 Penn St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) L. c. (Last) Gegg	4. DATE OF DEATH (Month) July (Day) 4 (Year) 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 14, 1915	9. AGE (In years last birthday) 36	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman	11. BIRTHPLACE (State or foreign country) New Offenberg, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman	10b. KIND OF BUSINESS OR INDUSTRY Light & Power Co.	11. BIRTHPLACE (State or foreign country) New Offenberg, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Gegg	13b. MOTHER'S MAIDEN NAME Mary Guethle	14. NAME OF HUSBAND OR WIFE Rosemary Gegg
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. 2	16. SOCIAL SECURITY NO. 570-18-4768	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosemary Gegg	ADDRESS 3618 Penn, St. Joseph, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Delayed shock.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Electric Shock -		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)		
	DUE TO (c)		
	E9145		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at work - Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Mo.
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21d. TIME OF INJURY 7-3-51 9 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Contacted 12.00 Volt wire
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22. I hereby certify that I attended the deceased from July 3, 1951, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 9:35A m., from the causes and on the date stated above.

23a. SIGNATURE Paul Gorman M.D.	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 7-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/7/1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. July 9, 1951	REGISTRAR'S SIGNATURE Carl C. Cast	25. FUNERAL DIRECTOR'S SIGNATURE Newton Bowman	ADDRESS Funeral Home - St. Joseph Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 20 1951

RECEIVED

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 *William Spriano*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Philadelphia, Pa.*

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.