

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u> <u>MS 8 E</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1002 Myra</u>		d. STREET ADDRESS (If rural, give location) <u>1002 Myra</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) <u>Mae</u> c. (Last) <u>Temme</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21st 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept 26 1889</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>25</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Alton, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>John Temmerli</u>		13b. MOTHER'S MAIDEN NAME <u>Julia O'Keefe</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war, or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>K.A. Logsdon, Wood River, Ill</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>		<u>2 days</u>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10-14, 1951, to 10-21, 1951, that I last saw the deceased alive on 10-21, 1951, and that death occurred at 1:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Mc Cormick D.O.</u> (Degree or title)		23b. ADDRESS <u>300 1/2 Red St. Moberly MO.</u>		23c. DATE SIGNED <u>10-21st 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 21st 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's</u>	
		24d. LOCATION (City, town, or county) (State) <u>Alton, Ill</u>			
DATE REC'D BY LOCAL REG. <u>Oct 21-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Malbran and Son, Moberly, Mo.</u>	

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

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1961 9 10:11

Date Received: OCT 29 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-192
Date Filed: OCT 29 1951

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.