

FILED FEB 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. 4435

BIRTH NO. 6464 REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 1

0280

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

1. PLACE OF DEATH a. COUNTY <u>Frankford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Frankford</u>	
b. CITY OR TOWN <u>Bourbon - Boone Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon - Boone Twp</u>	
c. LENGTH OF STAY (at this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>rural 0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>rural</u>			

3. NAME OF DECEASED a. (First) <u>Angela</u> b. (Middle) <u>Louise</u> c. (Last) <u>Gerber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-20-1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>2-20-52</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bourbon, Mo. Rural</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Wm G Gerber</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brandel</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>John D. Gerber</u>	
				ADDRESS <u>Bourbon 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>		INTERVAL BETWEEN ONSET AND DEATH <u>35 minutes</u>	
		ANTECEDENT CAUSES <u>29 weeks -</u>			
		DUE TO (b) <u>impairment</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>776x</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)		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 2-20-1952 to 2-20-1952, that I last saw the deceased alive on 2-20-1952, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Sullivan - Mo</u>		23c. DATE SIGNED <u>2-21-52</u>	
24a. SOCIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Farm</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bourbon Rural</u>	

DATE REC'D BY LOCAL REG. <u>2/21/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>	
				ADDRESS	

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

*Not Embalmed*  
Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.