

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9485**

FILED APR 8 1952

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly 0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location) 120 So 6th St	

3. NAME OF DECEASED (Type or Print) Rose Mc Adam			4. DATE OF DEATH (Month) (Day) (Year) Mch 30-1952		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 15 1985	9. AGE (In years last birth) 66	If UNDER 1 YEAR Months 3 Days 29	If OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Children's Wares		10b. KIND OF BUSINESS OR INDUSTRY Clerk		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME John H Gerken		13b. MOTHER'S MAIDEN NAME Catherine Oldenhott		14. NAME OF HUSBAND OR WIFE James B	
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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)		16. SOCIAL SECURITY NO. 487-30-0820		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) arteriosclerosis		24 hrs	
		ANTECEDENT CAUSES		DUE TO (c)		D.K.	
		<p>Marbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</p>		Hypertension		3 yr	
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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **March 15, 1952**, to **Mar 29, 1952**, that I last saw the deceased alive on **Mar 29, 1952**, and that death occurred at **5:20** m., from the causes and on the date stated above.

23a. SIGNATURE D. Dreyer M.D. (Degree or title)		23b. ADDRESS Huntsville, Mo.		23c. DATE SIGNED 3/31/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-1-52		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly Mo.	
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DATE REC'D BY LOCAL REG. 4-1-52		REGISTRAR'S SIGNATURE Seal		25. FUNERAL DIRECTOR'S SIGNATURE Malross and Son ADDRESS Moberly Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 J. Wetts

Licensed Embalmer No. 3021

P. O. Address Mobile, 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.