

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22430

FILED JUN 22 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 27F PRIMARY REG. DIST. NO. 59.35 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route # 2</u>		e. STREET ADDRESS <u>Rural Route # 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>H.</u> c. (Last) <u>GERKEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Nov. 26, 1877</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Crown Point, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Bernard Wild</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wahl</u>		14. NAME OF HUSBAND OR WIFE <u>Nelson F. Gerken</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Elfyn Gerken, Sedalia, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> <u>(Aortic stenosis)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Toxic adenoma, Thyroid</u>		<u>3 yrs.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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 Oct., 1946, to June 12, 1953, that I last saw the deceased alive on June 12, 1953, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. R. Adams M.D.</u> (Degree or title)		23b. ADDRESS <u>312 1/2 S. Ohio Sedalia, Mo.</u>		23c. DATE SIGNED <u>6-17-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/18/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-18-53</u>		REGISTRAR'S SIGNATURE <u>H. J. Campbell M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Heepart</u>		ADDRESS <u>Sedalia, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

04800

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.