

FILED MAY 18 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14866**

BIRTH NO.		REG. DIST. NO. 31	PRIMARY REG. DIST. NO. 4039	Registrar's No. 14
1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BENTON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LINCOLN		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LINCOLN 0080
d. FULL NAME OF HOSPITAL OR INSTITUTION LINCOLN		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Helene Marie Gerken		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) MAY 9 1954		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb 10, 1873		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 2 Days 29 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) BENTON CO., MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Claus Goosen		13b. MOTHER'S MAIDEN NAME Wes h
14. NAME OF HUSBAND OR WIFE Walter Gerken (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Mrs Herman Kreisher		ADDRESS Lindsu		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thromboses ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patient had been diabetic		INTERVAL BETWEEN ONSET AND DEATH 2 min 15 yrs 20 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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 May, 1951 , to Sept, 1952 , that I last saw the deceased alive on Sept, 1952 , and that death occurred at 9:00 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Harold B. Wacker		23b. ADDRESS 201 Cole Camp MO		23c. DATE SIGNED 5/12/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran
24d. LOCATION (City, town, or county) (State) Lindsu Mo		24e. NAME OF CEMETERY OR CREMATORY Lindsu		24f. LOCATION (City, town, or county) (State) Mo
DATE REC'D BY LOCAL REG. 5-12-1954		REGISTRAR'S SIGNATURE 87 Eickroff		25. FUNERAL DIRECTOR'S SIGNATURE John F. Reese
		ADDRESS Lindsu, Mo		

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 John F. Reser
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.