

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5316 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clear Creek Twp</u>		c. CITY OF TOWN <u>Pilot Grove</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. Is Residence (in this city or incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>7 miles NW of Pilot Grove</u>			
e. STREET ADDRESS (if rural, give location) <u>7 miles NW of Pilot Grove</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>MICHEL</u> c. (Last) <u>GERKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20 1954</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 4 1918</u>	9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>36</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Grove, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Herman Gerke</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Kempf</u>	14. NAME OF HUSBAND OR WIFE <u>Veloria Gerke</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Veloria Gerke, Pilot Grove, Mo</u>
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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>Electrocution Accidental</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9140</u> <u>22</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Clear Creek Cooper Mo</u>	21c. (CITY TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cooper Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-20-54 11:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidentally touched live wire</u>
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22. I hereby certify that I attended the deceased from no attention before, that I last saw the deceased alive on Aug 20, 1954, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Pilot Grove Mo</u>	23c. DATE SIGNED <u>8-21-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Aug 23, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 23, 54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	5. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>[Signature] Pilot Grove Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1932

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
Signature of Student Embalmer

Signed Robert E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Gro

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.