

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4321

State File No.

FILED MAR 14 1955
BIRTH NO. 1145-55 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5311 Registrar's No. 24

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 OR TOWN <u>Pilot Grove (Rural)</u>		c. CITY OR TOWN <u>Pilot Grove</u>	
c. LENGTH OF STAY (in this place)		02 70 Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile North Pilot Grove</u>		e. STREET ADDRESS (If rural, give location) <u>1 mile North of Pilot Grove</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RANDALPH</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>GERKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 11, 1955</u>
9. AGE (in years) (If under 1 year, last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <u>Bronville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Elwood Gerke</u>	
13b. MOTHER'S MAIDEN NAME <u>Winifred Lemmer</u>		14. NAME OF HUSBAND OR WIFE	
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. <u>491X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elwood Gerke</u>		ADDRESS <u>Pilot Grove, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
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) (Min.)		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 <u>Mar 1</u> , 19 <u>55</u> , to <u>Mar 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mar 10</u> , 19 <u>55</u> , and that death occurred at <u>4 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm Neely DO</u> (Degree or title)		23b. ADDRESS <u>Pilot Grove</u>	
23c. DATE SIGNED <u>3-10-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 11, 55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Ignace Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/11/55</u>		REGISTRAR'S SIGNATURE <u>DO Hooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Painter</u>		ADDRESS <u>Pilot Grove, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Robert L. Paine*

Licensed Embalmer No. *406*

P. O. Address *Pilot Grove*

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.