

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5617**

FILED FEB 28 1955

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 4339		Registrar's No. 14		
1. PLACE OF DEATH a. COUNTY MONROE 0690				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. LENGTH OF STAY (in this place) 40 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS 0690				
d. FULL NAME OF HOSPITAL OR INSTITUTION E. MARION ST.				d. STREET ADDRESS (If rural, give location) E. MARION ST.				
3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) JOSEPH c. (Last) GERSTER			4. DATE OF DEATH (Month) (Day) (Year) FEB. 23, 1955.					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUN. 14, 1878		
				9. AGE (In years last birthday) 76		10. 8 9		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) BAKER		10b. KIND OF BUSINESS OR INDUSTRY OWN BAKERY		11. BIRTHPLACE (City and State or Foreign Country) ST. GALLEN, SWITZERLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME NOT KNOWN			13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE ANNA S. GERSTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) NO		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS PAUL GERSTER, PARIS, MO.				
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic - 5 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 MIN JKH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					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 Feb 19, 1955 , to Feb 23, 1955 , that I last saw the deceased alive on Feb 23, 1955 and that death occurred at 8:15 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. M. Barnett M.D.				23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 2-24-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-25-55		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MO.		
DATE REC'D BY LOCAL REG. 2-24-55		REGISTRAR'S SIGNATURE J. R. Barnett M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blaney		PARIS, MISSOURI PARIS, MISSOURI		

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.