

FILED NOV 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

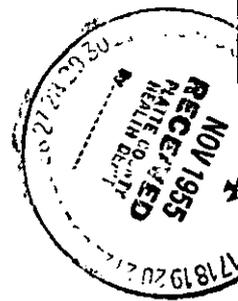
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State File No.

BIRTH NO.		REG. DIST. NO. <u>28U</u>		PRIMARY REG. DIST. NO. <u>5962</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WESTON</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>PARKVILLE</u>		Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MATTHEW'S NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. #3, 5 miles N.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILLIP</u> b. (Middle) <u>SHERIDAN</u> c. (Last) <u>GERNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29, 55</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>NOV. 21, 1865</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
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>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DEKALB, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phillip Gerner</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Cutchfield</u>		14. NAME OF HUSBAND OR WIFE <u>Alice J.</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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Phillip Gerner</u> ADDRESS <u>RR 3 Box 391, 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>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>						
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer of prostate</u>					<u>331XH</u> <u>1 yr</u>	
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)		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>Sept 15, 1955</u> , to <u>Oct 29, 1955</u> , that I last saw the deceased alive on <u>Oct 28 (1955)</u> , and that death occurred at <u>11 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Phillip Gerner D.O.</u>			23b. ADDRESS <u>Weston, Mo</u>		23c. DATE SIGNED <u>10-30-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plausant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Weston MO</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 1-55</u>	REGISTRAR'S SIGNATURE <u>Alphina Rallins</u> 257		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. FRANCIS</u>		ADDRESS <u>PARKVILLE, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leland H. France*.....

Licensed Embalmer No. *3451*.....

P. O. Address *Parkville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.