

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 6 6 6

STATE FILE NUMBER

FILED VS DEC 21 1959

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 122

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Lincoln		b. CITY (If outside corporate limits, give TOWNSHIP only) Bedford Twp		a. STATE Mo		b. COUNTY Warren	
Length of stay in 1b 26 DYS		c. CITY OR TOWN Wright City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Lincoln Co Memorial Hosp	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co Memorial Hosp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Henriette Gerdeman				4. DATE OF DEATH Month Day Year Dec 10 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/23/75	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Warren County U.S.A		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Pete Bruning		13b. MOTHER'S MAIDEN NAME Louis Hubert		14. NAME OF HUSBAND OR WIFE Edd Gerdeman			
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 Mrs Andrew Ordelheide Wright			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure DUE TO (b) Cerebrovascular of liver DUE TO (c) 2 yrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mania					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 11-14-59 to 12-10-59 and last saw her alive on 12-10-59 Death occurred at 5 02 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. Blackwell D.O.			22b. ADDRESS Troy Missouri			22c. DATE SIGNED 12-18-59	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/12/59	23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		23d. LOCATION (City, town, or county) (State) Wright City Missouri		
24. FUNERAL DIRECTOR Nieburg Furn & Und Co			25. DATE RECD. BY LOCAL REG. 12-13-59		26. REGISTRAR'S SIGNATURE Charlotte Leeker		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 ST 1860
APR 15 1960

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 Julius J. Nieburg

Licensed Embalmer No. 3368

P. O. Address Wright St

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.