

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007912

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 274 Primary Registration District No. \_\_\_\_\_ Registrar's No. 55

**FILED FEB 19 1963**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		Length of stay in 1b <b>40 years</b>	c. CITY OR TOWN <b>Sedalia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3mi E. on Hiway 50</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1309 West 3rd St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>E.</b> Last <b>Gerster</b>			4. DATE OF DEATH Month <b>February</b> Day <b>14</b> , Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-2-1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Agent &amp; Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	9. AGE (last birthday) <b>63</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) <b>Gerster, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Jacob Gerster</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Welch</b>	14. NAME OF HUSBAND OR WIFE <b>Essie Pearl Gerster</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address <b>Mrs. Robt. Cain, 1112 Warren, Sedalia, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <b>fractured skull due to automobile accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Two car collision of U.S.A-50-3miles east of Sedalia, Missouri</b>	
20c. TIME OF INJURY: Hour <b>6:05</b> p.m. Month, Day, Year <b>2-14-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Highway</b>		
21. I viewed the deceased from <b>East Corner</b> and last saw her alive on _____		20f. CITY, TOWN, OR LOCATION COUNTY <b>Pettis</b> STATE <b>Mo</b>	
21. Death occurred at <b>6:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED <b>2-16-63</b>
22a. SIGNATURE (Degree or title) <b>Chas Gordon Steppach, M.D.</b>		22b. ADDRESS <b>Coroner, Pettis Co.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 18, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
24. FUNERAL DIRECTOR: <b>D.W. Heckart, Gillespie Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>February 16, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby Peirce</b> <b>M. Anderson</b>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 20 1963

MAR 11 1963

MAR 15 1963

**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

*Quana Ewing*

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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