

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035663

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 219

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0365

2 0365

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9 181.0

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13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED OCT 7 1963

1. PLACE OF DEATH
 a. COUNTY Franklin
 b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Length of stay in 1b 41 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Yes No

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
 a. STATE Mo. b. COUNTY Franklin
 c. CITY OR TOWN Washington Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 630 Horn St., Reside on Farm. Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Joseph Albert Gerritsen
 4. DATE OF DEATH Month Day Year Sept. 30, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11/26/1882 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months 10 Days 4 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Shoe Worker 10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe Factory 11. BIRTHPLACE (City and state or country) Morrison, Mo. U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Theodore Gerritsen 13b. MOTHER'S MAIDEN NAME Margaret Wolf 14. NAME OF HUSBAND OR WIFE Louise Gerritsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 17. INFORMANT 52 Mrs. Louise Gerritsen, Washington, Mo. Address 630 Horn St.

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Terminal pneumonia 3 days
 DUE TO (b) Transitory colic of bladder ?
 DUE TO (c) ?
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Atherosclerotic C-V disease
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 21 Sep 63 to 30 Sep 63 and last saw ^{her} alive on 30 Sep 63. Death occurred at 14:25 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. B. Boyd, M.D. 22b. ADDRESS Washington, Mo. 22c. DATE SIGNED Oct 63

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE Oct. 3, 1963 23c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery 23d. LOCALITY (City, town, or county) (State) Washington, Missouri

24. FUNERAL DIRECTOR Address 25. DATE RECD. BY LOCAL REG. 10/2/63 26. REGISTRAR'S SIGNATURE Leah E. Hudson

USE BLACK INK OR TYPEWRITER RIBBON

OCT 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

Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

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.