

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 0001240 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED JAN 6 1964</b>	
<b>1. PLACE OF DEATH</b>	
a. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in 1b <u>20 months</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Barth Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>mo</u> b. COUNTY <u>Benton</u>	
c. CITY OR TOWN <u>Lincoln</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>1/2 mile south</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>JOHN W GERKEN</u>	
<b>4. DATE OF DEATH</b> Month Day Year <u>Jan 1 1964</u>	
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>
<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>8/25/1884</u>
<b>9. AGE</b> (last birthday) <u>79</u>	<b>IF UNDER 1 YEAR</b> Months Days <b>IF UNDER 24 HR</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farm</u>
<b>11. BIRTHPLACE</b> (City and state or country) <u>Lincoln, mo</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Fred Gerken</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bertha Noarch</u>
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Divorced</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>500-03-6588</u>
<b>17. INFORMANT</b> <u>Frym refargues</u> Address <u>7307 Maywood Raytown, mo</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>	INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Myocardial Insufficiency</u>	<u>minutes</u>
DUE TO (c) <u>Acute Coronary Occlusion</u>	<u>minutes</u>
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)
<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>1-1-63</u> to <u>1-1-64</u> and last saw <sup>her</sup> him alive on <u>1-1-64</u>	
Death occurred at <u>12:10 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> (Name or title) <u>Clinton L. Glespy</u>	<b>22b. ADDRESS</b> <u>Clinton, Mo.</u>
<b>22c. DATE SIGNED</b> <u>1/2/64</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>1/3/64</u>
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u> Zion Lutheran Cem.</u>	<b>23d. LOCATION</b> (City, town, or county) State <u>Lincoln, mo</u>
<b>24. FUNERAL DIRECTOR</b> <u>Fred Davis &amp; Son, Lincoln, mo</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>JAN 2, 1964</u>
<b>26. REGISTRAR'S SIGNATURE</b> <u>Mildred Biguns</u>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION

JAN 10 1964

**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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.

Permit Obtained 1-2-64 (MS)