

# **IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JUL 1 1960

**=60-022650**

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **243**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Moniteau</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jefferson City</b>		Length of stay in 1b <b>1 day</b>		c. CITY OR TOWN <b>Jamestown</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chas. E. Stoll Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside give location) <b>4 miles East</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Dillion</b> Middle <b>KAUERNE</b> Last <b>Gentzsch</b>				4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>3-60</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-22-1913</b>	9. AGE (last birthday) <b>47</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>7</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>Jamestown, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>John Edward Gentzsch</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA M. Gross &amp; lauser</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</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. <b>Unavailable</b>		17. INFORMANT <b>J E Gentzsch</b> Address <b>Jamestown, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b> DUE TO (b) <b>Coronary Thrombosis with Myocardial Infarction</b> DUE TO (c) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:							INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
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 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 <b>7</b> a.m. <b>2</b> p.m. <b>15</b> Month, Day, Year <b>7-2-60</b>		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 <b>7-2-60</b> to <b>7-3-60</b> and last saw him alive on <b>7-3-60</b> Death occurred at <b>7:15</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>D. Young</b> (Degree or title)		22b. ADDRESS <b>Jamestown, Mo.</b>		22c. DATE SIGNED <b>7-3-60</b>			
23a. BURIAL, CREMATION, REMOVAL, Specify <b>Burial</b>		23b. DATE <b>7-6-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (city, town, or county) (State) <b>California Mo.</b>	
24. FUNERAL DIRECTOR <b>Hugh C Williams</b> ADDRESS <b>California Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3 July 1960</b>		26. REGISTRAR'S SIGNATURE <b>R.P. Davis, M.D. - N. Richter, Dep</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Hugh C. Williams*

Licensed Embalmer No. 3537

P. O. Address California

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