MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 240 **0033901** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED SEP 1 1964

1. **PLACE OF DEATH**
a. COUNTY: Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Eminence (Rural)
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hiway #19 North
Inside Limits: Yes ☐ No ☒

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Desloge
c. CITY OR TOWN: Desloge Mo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. **NAME OF DECEASED** (Type or print): First: Harold Middle: Carl Last: Gaebe

4. DATE OF DEATH: Month, Day, Year: August 6, 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-10-96

9. AGE (last birthday): 67
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): Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY: Medicine

11. BIRTHPLACE (City and state or country): St. Francis Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Carl Gaebe

13b. MOTHER'S MAIDEN NAME: Louise Kiepe

14. NAME OF HUSBAND OR WIFE: deceased

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** Address: Dr. Appleberry Flat River, Mo.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): INTERNAL HEMORRHAGE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CRUSHED CHEST
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ 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 a.m. p.m. 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 ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank W Jones Coroner

22b. ADDRESS: Eminence Mo

22c. DATE SIGNED: 8-28-1964

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-12-64

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: Boyer Funeral Home Desloge, Missouri

25. DATE RECD. BY LOCAL REG.: 8-31-1964

26. REGISTRAR'S SIGNATURE: Mabel Rollins

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1010		
2	0940	-	
3			
4	0		
5	2		
6			
7	0		
8	2		
9	X g		
10	g		
11	101		
12	91-3		
13	1-0		

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

SEP 1 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 Charles D. Partain

Licensed Embalmer No. 5107

P. O. Address Mt. Vernon, 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.