S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5718

State File No.

Registration District No. 274 | Primary Registration District No. 3052 | Registrar's No. 44

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: six days (Specify whether years, months or days)
In this community: lifetime in Pettis County

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Sedalia Rural 0 (If outside city or town limits, write "RURAL") 0
(d) Street No.: Route 3 (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: FRANK EARTHERN GEARHEART
3. (b) If veteran, name war: None
3. (c) Social Security No.: 493-12-7137
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Sallie Cash
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: December 17, 1882 (Month) (Day) (Year)
8. AGE: Years 65 | Months 1 | Days 26 | If less than one day ___ hr. ___ min.
9. Birthplace: Pettis County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Famer
11. Industry or business: Agriculture
FATHER
12. Name: Virgil M. Gearheart
13. Birthplace: Crabapple, Kentucky 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah C. Robertson
15. Birthplace: St. Clair, County, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Virgil Gearheart (son)
(b) Address: Route 3, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.
19. (a) 2/14/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 13 year: 1948 hour: 11 minute: 02 A.M.
21. I hereby certify that I attended the deceased from February 6, 1948 to February 13, 1948 that I last saw him alive on February 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory collapse	9 days
Due to: Cardio-vascular-renal disease from general toxemia	
Due to: generalized peritonitis from intestinal obstruction	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations: obstruction of sigmoid	
Of autopsy: 131 P	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 2
While at work? (e) Means of injury

23. Signature: H. O. Wilburn (M.D. or other) D.O.
Address: 328 Ingenfritz Bldg. Sedalia, Mo. Date signed: 2-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number_____
Date Filed 3-12-48

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 Warren K. Dietz Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.