

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9585

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Rural</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>West of Salisbury on # 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Woodland Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence W</u> b. (Middle) <u>M</u> c. (Last) <u>Gaxhardt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 17 1949</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>Sept-21-1877</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Gaxhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Gumiller</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Moffett Gaxhardt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clarence Gaxhardt</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis and Postner-Causey</u>		DUE TO (b) <u>Coronary Sclerosis</u>			<u>Infection 6 mo</u>
ANTECEDENT CAUSES		DUE TO (c) <u>Generalized Atherosclerosis</u>			—
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4 1/2 mo</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 1/2 mo</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from Feb 4, 1949 to Mar 16, 1949, that I last saw the deceased alive on Mar 16, 1949, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Willie Reminger MD</u>		23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>20 Mar 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury</u>	
24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>		24e. GENERAL DIRECTOR'S SIGNATURE <u>Geo. B. Winkeberry</u>		ADDRESS <u>Salisbury Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-20-49</u>		REGISTRAR'S SIGNATURE <u>Leah Belliveau</u>		24f. ADDRESS <u>269 1/2</u>	

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

RECEIVED

District Health Officer No. 1

District File Number 3495

Date Filed MAR 29 1949

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.

Signed _____

Chas B Winkelmeyer

Signed _____

Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury M

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.