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

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29741

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4565 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY CRAWFORD — BOONE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Sullivan		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN		36
d. FULL NAME OF HOSPITAL OR INSTITUTION CRAWFORD CO.			d. STREET ADDRESS (If rural, give location) 404 HOBART AVE.		
3. NAME OF DECEASED (Type or Print)	a. (First) PHILLIP	b. (Middle) EDWARD	c. (Last) GERBER	4. DATE OF DEATH (Month) (Day) (Year) Sept. 6 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 18, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 18 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY TEACHING	11. BIRTHPLACE (State or foreign country) CAMELTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME PHILLIP GERBER		13b. MOTHER'S MAIDEN NAME LUCINDA COOPER		14. NAME OF HUSBAND OR WIFE ANNA GERBER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ANNA GERBER		ADDRESS SULLIVAN, MO.	

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, ashenia, 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)	Crownary atherosclerosis			years
ANTECEDENT CAUSES	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Coronary atherosclerosis
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			4/20/1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) m.	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 Sept 6, 1949, to Sept 6, 1949, that I last saw the deceased alive on Sept 6, 1949, and that death occurred at _____ m., from the causes and on the date stated above.				

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 1100 main Sullivan Mo	23c. DATE SIGNED 9-7-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/9/49	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Sullivan Mo.
DATE RECD BY LOCAL REG. 9/8/49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS	

RECEIVED

9/12/49

District Health Officer No. 5,

District File Number 949605

Date Filed 9/15/49

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

T. A. Humphrey

Student Embalmer No. 316

working under my personal supervision.

Signed T. A. Humphrey

Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address

Sullivan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.