

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30712

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>153</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> (b1)			
b. CITY (If outside corporate limits, write RURAL and give town) <u>County Hospital</u> <i>RURAL PRAIRIE</i>			c. LENGTH OF STAY (In this place) <u>2 Wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence,</u> 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>J.C. Emergency Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>228 West South Side Blvd. 4.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u>		b. (Middle) <u>HELEN</u>		c. (Last) <u>GEHRING.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 3rd, 1884</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Clayton E. Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>FaElda Ogelvie</u>		14. NAME OF HUSBAND OR WIFE <u>Harry E. Gehring</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry E. Gehring 228 W.S.S. Blvd.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis yrs</u> DUE TO (c) <u>Urinary vesicular calculus yrs</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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 <u>24 Aug 19 75</u> to <u>7 Sept 49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30</u> A.M., from the causes and on the date stated above.							
22a. SIGNATURE <u>Frank E. Trehan</u> (Degree & title)		23b. ADDRESS <u>Independence, Mo</u>		23c. DATE SIGNED <u>7 Sept 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>SEPT. 8, 1949</u>	REGISTRAR'S SIGNATURE <u>Ronald C. Emswiler</u> 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilson L. Kopley Indep. Mo.</u>				

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

MAR 27 1959

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
Student Embalmer

Signed Dixon L. Kopy
Licensed Embalmer No. 4225

P. O. Address Indep. 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.