

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 4471  
Registrar's No. 87

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 548		Registrar's No. 87	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stamberry Rural 14 mi.</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4 mi N. of Stamberry</u>		d. STREET ADDRESS (If rural, give location) <u>W 18th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. of Stamberry 4 miles</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Mary Josephine A. E. E.</u> b. (Middle) _____ c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11 1950</u>			
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Jan 3 - 1860</u>	
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bert Gearnheart</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Ayers</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph B. A. E. E.</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 <u>Charles N. Williamson</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)		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>Jan 1</u> , 19 <u>50</u> , to <u>Feb 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>50</u> , and that death occurred at <u>12 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles N. Williamson DO</u>				23b. ADDRESS <u>Gentry, Mo</u>		23c. DATE SIGNED <u>2-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Stamberry Mo</u>		24b. DATE <u>2/13/50</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>High Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Stamberry Gentry MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb 21-50</u>		REGISTRAR'S SIGNATURE <u>Mrs Edw. Childs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Salvatore Phelan</u>			
				ADDRESS <u>Stamberry MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Wellheadway*



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

*Leroy H. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stonewall 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.