

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5666**
Registrar's No. **91**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 1503 So. Vermont 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED a. (First) EUGENE b. (Middle) Philip c. (Last) GERARD			4. DATE OF DEATH (Month) (Day) (Year) March 7 1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 27-1869		9. AGE (In years last birthday) 80		10. UNDER 1 YEAR Months 9 Days 9		11. BIRTH PLACE (State or foreign country) Fredericksburg Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Couch carpenter Mo. Pac. Shops				10b. KIND OF BUSINESS OR INDUSTRY Fredericksburg Mo				11. BIRTH PLACE (State or foreign country) Fredericksburg Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A			
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13a. FATHER'S NAME Peter Gerard				13b. MOTHER'S MAIDEN NAME Kate Kippler				14. NAME OF HUSBAND OR WIFE Rose			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME Mrs Rose Gerard				ADDRESS Sedalia			
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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.															
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic. With coronary artery chronic.															
ANTECEDENT CAUSES DUE TO (b) involment.															
DUE TO (c) Age, senile changes.															
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. XXX															

19a. DATE OF OPERATION None.				19b. MAJOR FINDINGS OF OPERATION No operation.											
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No to all.				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXX				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXX XXX			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? No injury.			
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22. I hereby certify that I attended the deceased from **Feb. 8, 1950**, to **March 7, 1950**, that I last saw the deceased alive on **Feb. 6, 1950 P.M.** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Trader, Mo (Degree or title)				23b. ADDRESS 112 West 4th Street, Sedalia, Mo				23c. DATE SIGNED 3-1-1950			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 3-9-50				24c. NAME OF CEMETERY OR CREMATORY Calvary				24d. LOCATION (City, town, or county) (State) Sedalia Mo			
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DATE REC'D BY LOCAL REG. 3-9-50				REGISTRAR'S SIGNATURE A. J. Campbell				FUNERAL DIRECTOR'S SIGNATURE M. C. Laughlin Bros				ADDRESS Sedalia			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 28 1950

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 *RPM Long*
Licensed Embalmer No. *315-3*
P. O. Address *Salisbury, Md*

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.