

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 16 1950

State File No. **9128**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner, Missouri	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) XXXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitorium			

3. NAME OF DECEASED (Type or Print) a. (First) Warner b. (Middle) E c. (Last) Gesler			4. DATE OF DEATH (Month) (Day) (Year) March 3 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct. 31, 1871		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Macomb, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Gesler		13b. MOTHER'S MAIDEN NAME Julia Mourning		14. NAME OF HUSBAND OR WIFE Anna E. Gesler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no		16. SOCIAL SECURITY NO. lost		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna E. Gesler, Buckner, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 33) X
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____				
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **7/24**, 19**50** to **3/3**, 19**50**, that I last saw the deceased alive on **3/2**, 19**50**, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) J. H. Bueche M.D.		23b. ADDRESS Independence Mo		23c. DATE SIGNED 3/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar. 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Buckner Hill	
24d. LOCATION (City, town, or county) (State) Buckner Missouri					

DATE REC'D BY LOCAL REG. Mar 4-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vernon M. Reppert Buckner Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
484

MAR 13 RECD

APR 15 1955

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

Ralph O. Jones

Licensed Embalmer No. *4604*

P. O. Address *777 Buckner, 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.