

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15915

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>675</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>40 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1621 South 17th Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ezra</u> b. (Middle) <u>-</u> c. (Last) <u>Gebhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 25, 1887</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Carriage Works</u>		11. BIRTHPLACE (State or foreign country) <u>unknown whitesville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Gebhart</u>			13b. MOTHER'S MAIDEN NAME <u>Emily Crockett</u>			14. NAME OF HUSBAND OR WIFE <u>Mildred</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-22-6203</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Gebhart-St. Joseph, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombotic Left Infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vasculor Renal Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>- 2 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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>March 25, 1950</u> , to <u>June 5, 1950</u> , that I last saw the deceased alive on <u>June 4, 1950</u> , and that death occurred at <u>4:20a m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Clara W. Tracy M.D.</u>				23b. ADDRESS <u>2046 Bluff St. Joseph, Mo.</u>		23c. DATE SIGNED <u>6 June 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>King City, Missouri</u>		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>K. B. Jenkins</u>		382 FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u>		ADDRESS <u>Stamey Funeral Home - St. Joseph, Missouri</u>		

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

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.

Signed.....

Charles M. Harman

Signed.....

Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.

36. 1953

15915-50

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan ss.

State File No. _____
Local Registrar's No. 675

AFFIDAVIT FOR CORRECTION OF A RECORD

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this 5 day of February, 1953, before me appears
Mrs Mildred Gebhart, who, upon her oath, states that the original record of ^{birth} death
for Ezra Gebhart died June 5, 1950, in the State of
Missouri, and which was filed at St. Joseph on June 9, 1950, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 11 should read W. Whitesville, Mo.

Instead of _____ Blank

Item No. _____ should read _____

Instead of _____

Item No. 12 should read U. S. A.

Instead of _____ Blank

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mildred Gebhart wife Relationship.

1621 S. 17th
Present Address.

Subscribed and sworn to before me this 5 day of February, 1953

My Commission expires My Commission Expires Nov. 3, 1956 Inez P. Balenat Notary Public.