

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24272**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arlington - Rural 0850	
c. LENGTH OF STAY (in this place) 1 yr		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Joseph	c. (Last) Gerber	4. DATE OF DEATH (Month) (Day) (Year) August 2, 1950
-------------------------------------	---------------------------	---------------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Month Days	IF UNDER 4 HRS. Hour Min.
--------------------	-------------------------------	--	----------------------------------	---	---------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Wholesaler	10b. KIND OF BUSINESS OR INDUSTRY Meats	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	--	--	--

13a. FATHER'S NAME Charles Gerber	13b. MOTHER'S MAIDEN NAME Josephine Oberaiter	14. NAME OF HUSBAND OR WIFE Anna Hartenback Gerber
--	--	---

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 C. C. Gerber, Arlington, Missouri	ADDRESS
--	-------------------------------------	--	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 410X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation		
	ANTECEDENT CAUSES Morbid 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)	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 May 7, 1949, to Aug. 2, 1950 that I last saw the deceased alive on Aug. 2, 1950, and that death occurred at 6:00am., from the causes and on the date stated above.

23a. SIGNATURE Nadine L. Stollen (Degree or title)	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 8-2-50
---	------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 4, 1950	24c. NAME OF CEMETERY OR CREMATORY Dixon	24d. LOCATION (City, town, or county) (State) Dixon, Missouri
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. 8-2-50	REGISTRAR'S SIGNATURE Nadine L. Stollen	25. FUNERAL DIRECTOR'S SIGNATURE Stollen	ADDRESS Rolla, Missouri
--	--	---	--------------------------------

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

AUG 16 1950

RECEIVED 8-10-50
Phelps County Health Officer,
County File Number _____
Date Filed 8-11-50

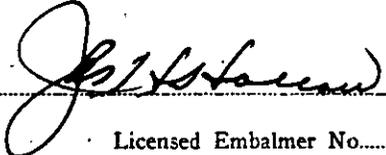
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

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.