

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4147

2220
1

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5270 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" LINCOLN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" LINCOLN</u>	
c. LENGTH OF STAY (In this place) <u>64 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #1, CLEVER, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #1, CLEVER, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #1, CLEVER, MO.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTIE</u> b. (Middle) <u>LOUISA</u> c. (Last) <u>GERARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 7 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 14-1886</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>CLEVER, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES DEWITT</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY BELLE HALL</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM PRIME GERARD</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM PRIME GERARD, Rt. 1, CLEVER, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES 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>Arteriosclerosis</u>	
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 <u>Sept</u> , 1948, to <u>Feb</u> , 1951, that I last saw the deceased alive on <u>1 Feb</u> , 1951, and that death occurred at <u>8:15 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Karl J. Leidinger M.D.</u>		23b. ADDRESS <u>Billings - Mo.</u>	
23c. DATE SIGNED <u>2-8-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>FEB 9 -1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRAZIER</u>	
24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN COUNTY MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Alan Harris Clever, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-8-51</u>		REGISTRAR'S SIGNATURE <u>Alvin Dreier</u>	

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAR 5 1957

Dist. File 331-474

Date Filed 3-7-57

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. 4390

P. O. Address Cleveland, 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.