

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13586

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural.....Dillon</u> <u>087,0</u>	
c. LENGTH OF STAY (in this place) <u>26 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route No. 1, St. James Mo.,</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>DeWitt Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>GAHR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 24 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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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>XX</u>	11. BIRTHPLACE (State or foreign country) <u>Phelps County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ace Pierce</u>	13b. MOTHER'S MAIDEN NAME <u>? Dykes</u>	14. NAME OF HUSBAND OR WIFE <u>Edward V. Gahr...Deceased</u>
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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) <u>No</u> <u>XX</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Willie Wagner...</u>	ADDRESS <u>Rolla Missouri</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis and fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3/17/51</u> <u>6:30</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Grat Renumer</u>		
	DUE TO (c) <u>Senile ataxic cerebellar degeneration</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>081</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dillon Twp Phelps MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 17 1951 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Stumbled & fell in house</u>
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22. I hereby certify that I attended the deceased from 3/17, 1951, to 4/11, 1951, that I last saw the deceased alive on 4/11, 1951, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. Callahan</u> (Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED <u>4/13/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla Phelps Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-20-51</u>	REGISTRAR'S SIGNATURE <u>Opal Ray</u>	389	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. P. V. Hall</u>	ADDRESS <u>Rolla Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

R. 1850

RECEIVED 4-28-51
Pulaski County Health Officer
File Number
Date Filed 4-20-51

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed D. B. [Signature]

Licensed Embalmer No. 3394

P. O. Address Rolla 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.