

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23037**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3024

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>430 West 34th Terrace</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeside Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>ELIZABETH</b>		a. (First)		b. (Middle)		c. (Last) <b>GERHARDT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 14 51</b>	
5. SEX <b>Fe</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>10-20-1877</b>		9. AGE (In years last birthday) <b>73</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>August Spies</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kocher</b>		14. NAME OF HUSBAND OR WIFE <b>Philip Gerhardt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Philip Gerhardt</b> ADDRESS <b>430 E. 34th Terrace</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular Renal disease</b> ANTECEDENT CAUSES DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Hypocardial renal insufficiency</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>  <b>4421</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <b>Kansas City Jackson Mo.</b>	
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 July 13, 1951 to July 14, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 11:32 AM, from the causes and on the date stated above.

23a. SIGNATURE (Name, Degree or title) <b>H. D. Ludwig D.O.</b>		23b. ADDRESS <b>407 W. 34th Terrace</b>		23c. DATE SIGNED <b>7-16-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-17-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>7-17-51</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Wagner</b> ADDRESS <b>K. C. Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

407 11. 34 am  
L O - 1325  
1:00 P.m

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 Abner B. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address. K. C. 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.