

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Union</u>		c. CITY OR TOWN <u>Union</u> <u>8360</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R. R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mike</u> b. (Middle) _____ c. (Last) <u>Gehrt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 7th 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 24 1878</u>
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>8</u>	11. DAYS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Union Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Herman Gehrt</u>		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Herman Gehrt</u>		ADDRESS <u>Union 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>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>4yo</u> ANTECEDENT CAUSES 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) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Mo</u>			
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>1950</u> , to <u>10-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-5</u> , 19 <u>51</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H.M. Lenny</u>		23b. ADDRESS <u>Union Mo</u>	
23c. DATE SIGNED <u>10-7-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/9/1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>Union Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 8-1951</u>		REGISTRAR'S SIGNATURE <u>E. H. Cooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Ottman</u>		ADDRESS <u>Union Mo</u>	

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

0360  
1

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 20 1951

RECEIVED

---

---

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. ....

Signed.....  
Student Embalmer

Signed..... *E. R. Ottmann*

Licensed Embalmer No. 1686

P. O. Address Union Ave.

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.