

## STANDARD CERTIFICATE OF DEATH

State File No. 291

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) App. 70 yrs		8117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 708 North 4		d. STREET ADDRESS (If rural, give location) 708 No. 4 0	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS, b. (Middle) WILLIAM c. (Last) GEDULTIG			4. DATE OF DEATH (Month) (Day) (Year) January 29 1953			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 21 1870	9. AGE (In years last birthday) 82	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) Farmer & Painter		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (State or foreign country) Troy Kansas		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Charles Gedultig		13b. MOTHER'S MAIDEN NAME Elizabeth Warrenfeltz		14. NAME OF HUSBAND OR WIFE Mrs. Mary M. Gedultig	
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 Mrs. Mary M. Gedultig ADDRESS St. Joseph Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Mitral Insufficiency			5yrs	
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure DUE TO (c) None Known			lyr	
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.			None 410X	

19a. DATE OF OPERATION None		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) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury		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 Feb. 10, 1952 to Jan. 29, 1953, that I last saw the deceased alive on Jan. 28, 1953, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE S R Elliott (Degree or title) M.D.		23b. ADDRESS 801 1/2 Francis St. Joseph, Mo		23c. DATE SIGNED 1/29/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 1 1953		24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		24d. LOCATION (City, town, or county) (State) Savannah Missouri	
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DATE REC'D BY LOCAL REG. Feb 5, 1953		REGISTRAR'S SIGNATURE Carl C. Coe		446		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles E. Bennett.....

Licensed Embalmer No. 4637.....

P. O. Address St. Joseph 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.