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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED JUN 8 1953

State File No. 18930

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5946 Registrar's No. 38

**1. PLACE OF DEATH**
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural N. Meramec
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural N. Meramec Twp
d. STREET ADDRESS (If rural, give location): 0810

**3. NAME OF DECEASED** (Type or Print)
a. (First): Joseph
b. (Middle): Wesley
c. (Last): Gahr

**4. DATE OF DEATH** (Month) (Day) (Year): May 30. 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Nov. 15. 1894
**9. AGE** (In years last birthday): 58 — If under 1 year: Months 6, Days 16 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (State or foreign country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Edward V. Gahr
**13b. MOTHER'S MAIDEN NAME**: Martha Pierce
**14. NAME OF HUSBAND OR WIFE**: Lucille Earls
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No.
(If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: 494 10 8668
**17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS**: Joseph Wesley Gahr Jr., St. Louis, Mo. 702 E. Pope

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric obstruction — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Anemia about — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*: about one year ago patient was operated for perforated appendix

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 5705
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 5.28./ *, 1953, to* 5.30./ *, 1953, that I last saw the deceased alive on* 5.29./ *, 1953, and that death occurred at* 4:150 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. V. Hammler, M.D.
**23b. ADDRESS**: St. James, Mo.
**23c. DATE SIGNED**: 6, 1, '53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 1. '53
**24c. NAME OF CEMETERY OR CREMATORY**: Thomas Cemetery
**24d. LOCATION** (City, town, or county) (State): Phelps Co. Missouri

DATE REC'D BY LOCAL REG.: 6-1-53
REGISTRAR'S SIGNATURE: Ruth B. Powell
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. Jesse Gahr, St. James, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Filed

## 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 C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.