

33592

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300

10-48

FILED NOV 1 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>980</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>3 mos</u>		c. CITY OR TOWN <u>Springfield, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2852 W. HARRISON</u>				e. STREET ADDRESS (If rural, give location) <u>2852 W. HARRISON</u> <u>08460</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Octave</u>			b. (Middle) <u>Joseph</u>		c. (Last) <u>GERARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 3, 1878</u>		9. AGE (In years last birthday) <u>76</u> If UNDER 1 YEAR Months Days If UNDER 4 HRS. Hours Min.	
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 <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sury Belgium</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Gerard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>Unkilled</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Gerard</u>		ADDRESS <u>Springfield, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Vascular Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				UNATTENDED BY A PHYSICIAN	
		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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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>about 12:00 Noon</u> , to <u>10</u> , that I last saw the deceased <u>alive on</u> , <u>19</u> , and that death occurred at <u>12:00 Noon</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edith Williamson</u>		Local Registrar <u>Edith Williamson</u>		23b. ADDRESS <u>Greene Co. Court House Springfield, Missouri</u>		23c. DATE SIGNED <u>10-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-30-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>		ADDRESS <u>Buffalo Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 1955
MAY 30 1954

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.....
Signature of Student Embalmer

Signed *Marion B. Jones*

Licensed Embalmer No. *4322*

P. O. Address *Buffalo, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.