

FILED DEC 13 1954

STANDARD CERTIFICATE OF DEATH

State File No. **36709**
Registrar's No. **334**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo.	c. LENGTH OF STAY (in this place) 2 yrs 1 mo	c. CITY OR TOWN Linn,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1, Fulton, Mo.		e. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) Henry Herman GELVEN,	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) December 7, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4, 1874.	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months 2 Days 3	IF UNDER 24 HRS. Hours Min.
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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 (City and State or Foreign Country) Osage County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Peter Gelven.	13b. MOTHER'S MAIDEN NAME Elizabeth Plossmeyer	14. NAME OF HUSBAND OR WIFE Josephine Gelven
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) D.K.	16. SOCIAL SECURITY NO. D.K.	17. INFORMANT'S SIGNATURE OR NAME Records of State Hospital #1, Fulton, Mo.	ADDRESS Records of State Hospital #1, Fulton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis. DUE TO (c) Epilepsy.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4221	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **9-17, 1953**, to **12-7-**, **1954**, that I last saw the deceased alive on **Dec. 6, 1954**, and that death occurred at **1:45a** m., from the causes and on the date stated above.

23a. SIGNATURE Frank J. Nichols	(Degree or title) M.D.	23b. ADDRESS State Hospital #1, Fulton, Mo.	23c. DATE SIGNED 12-7-54.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 9-1954	24c. NAME OF CEMETERY OR CREMATORY St. George Cemetery, Linn	24d. LOCATION (City, town, or county) (State) Linn Mo
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DATE REC'D BY LOCAL REG. Dec. 7-1954	REGISTRAR'S SIGNATURE Maretha Lawrence	4221	25. FUNERAL DIRECTOR'S SIGNATURE Clayton Matton	ADDRESS Linn Mo
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James M. Morton*.....

Licensed Embalmer No. *4.1.25*

P. O. Address *Lincoln, 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.