No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36812

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5220 Registrar's No. 13

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

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Lincoln
c. LENGTH OF STAY (in this place): 70 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Christian
c. CITY OR TOWN: "Rural" Lincoln
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route #1, Clever

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): RUTLIDGE
c. (Last): GERARD

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10-1884
9. AGE (In years last birthday): 70 — 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
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (City and State or Foreign Country): Route #1, Clever, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Kimbrue Gerard
13b. MOTHER'S MAIDEN NAME: Mary Roberts
14. NAME OF HUSBAND OR WIFE: Bertie Short, Gerard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bertie Gerard, ADDRESS: Clever, Missouri

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gangrene of foot — 20 days.

DUE TO (c) Generalized Arteriosclerosis obliterans — years.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 Oct 25, 1954, to Nov 7, 1954, that I last saw the deceased alive on Nov 6, 1954, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE: A. P. Loretts (Degree or title): M.D.
23b. ADDRESS: Aurora, Mo.
23c. DATE SIGNED: 11-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 9-1954
24c. NAME OF CEMETERY OR CREMATORY: Frazier Cemetery
24d. LOCATION (City, town, or county) (State): Clever, Missouri

DATE REC'D BY LOCAL REG.: Nov. 9. 1954
REGISTRAR'S SIGNATURE: Olive Hutter 508-
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris, ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John Dean Harris.....

Licensed Embalmer No.....4390

P. O. Address.....Clever, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.