

FILED DEC 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 40673

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 1123

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural in Campbell Twp.		c. LENGTH OF STAY (in this place) 50 years	c. CITY OR TOWN Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield R.F.D. # 11		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 11			

3. NAME OF DECEASED (Type or Print) a. (First) ALFRED	b. (Middle) M.	c. (Last) GERHART	4. DATE OF DEATH (Month) (Day) (Year) December 11, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 20 Jan. 1872
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Elec. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Elec. Eng.	11. BIRTHPLACE (City and State or Foreign Country) Harrisburg, Pennsylvania
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Isaac Gerhart	13b. MOTHER'S MAIDEN NAME Catherine Miller	14. NAME OF HUSBAND OR WIFE Elizabeth Gerhart
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Minnie James, Rt. 11, Springfield, Mo.	ADDRESS Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND 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) Generalized Arteriosclerosis?		
	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 200X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Dec 1, 1954**, to **Dec 3, 1954**, that I last saw the deceased alive on **Dec 3, 1954**, and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE David W. Hall, M.D.	(Degree or Title)	23b. ADDRESS 1951 South National	23c. DATE SIGNED 12/13/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12 Dec. 1954	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri.
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DATE REC'D BY LOCAL REG. 12-15-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Thomas	ADDRESS Springfield, 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 *Ralph H. Lieme*.....

Licensed Embalmer No. 3681
Springfield,
P. O. Address MISSOURI.....

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.