

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 777

FILED FEB 7 - 1955

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u> <u>0370</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>401 E. Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 E. Madison</u>			

3. NAME OF DECEASED (Type or Print) <u>Caroline</u>		a. (First) <u>Caroline</u>		b. (Middle) _____		c. (Last) <u>Gehner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1955</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>3-12-1861</u>		9. AGE (In years last birthday) <u>93</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Drake, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Christian Kahle</u>		13b. MOTHER'S MAIDEN NAME <u>** Schoenebaum</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Gehner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>**</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Gehner</u> ADDRESS <u>Owensville, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Chronic Myocardial Degeneration</u>		DUE TO (b) <u>Advanced Arteriosclerosis</u>		<u>1 year</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) <u>None</u>		<u>1 year</u>	
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>None</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>4221</u>	
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 _____	

22. I hereby certify that I attended the deceased from 1-13, 1955, to 1-28, 1955, that I last saw the deceased alive on 1-28, 1955, and that death occurred at 4:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paula Brunner M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>1-29-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-31-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Lutheran Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Drake, Mo.</u>	
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DATE REC'D BY LOCAL REG <u>January 31, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Marie Applegate</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. White</u> ADDRESS <u>Owensville</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Malcolm H H Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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 this body is not embalmed, fact should be so stated above.