

FILED OCT 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33522**

2310  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5358 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Darriess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Darriess</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Colfax Twp.</u> c. LENGTH OF STAY (in this place) <u>7 1/2</u> Yrs.		c. CITY OR TOWN <u>Rural</u>	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 _____		e. STREET ADDRESS (If rural, give location) <u>Colfax Twp. 0010</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rollo</u> b. (Middle) <u>Edman</u> c. (Last) <u>Gebhart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1956</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>Dec. 29, 1881</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Colfax Twp. Darriess Co., Mo. U.S.A.</u>
13a. FATHER'S NAME <u>Benjamin F. Gebhart</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Ann Bickel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gene F. Gebhart</u> ADDRESS <u>Ludlow, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ 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 _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443x</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		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>Oct 6, 1956</u> to <u>Oct 11, 1956</u> that I last saw the deceased alive on <u>Oct 6, 1956</u> and that death occurred at <u>9</u> <u>8</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gene F. Gebhart</u>		23b. ADDRESS <u>Winston, Mo.</u>	
23c. DATE SIGNED <u>10-13-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Winston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Winston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-15-56</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engubert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris B. Brown</u>		ADDRESS <u>Hamilton, Mo.</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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harris A. Brown*

Licensed Embalmer No. *391*

P. O. Address *Hamilton*

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.