FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40347
STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY TEXAS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CABOOL — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY TEXAS
c. CITY OR TOWN CABOOL — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1070 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First OSCAR Middle Solomon Last GEREAN
4. DATE OF DEATH Month 11 Day 4 Year 56
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH 9-11-1909
9. AGE (In years last birthday) 47 — 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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) WINONA, MO.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John GEREAN
14. MOTHER'S MAIDEN NAME LUCRESIA McDONALD
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. 496-01-2666
17. INFORMANT Address FRANK GEREAS, CABOOL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1946, to Sept 2 1956 and last saw ~~her~~ him alive on Sept 2 1956
Death occurred at 10:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Garrett Hogg Jr. — 22b. ADDRESS Cabool Mo — 22c. DATE SIGNED 11/6/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — 23b. DATE 11-5-56 — 23c. NAME OF CEMETERY OR CREMATORY CABOOL CEM. — 23d. LOCATION (City, town, or county) CABOOL, (State) MO.

24. FUNERAL DIRECTOR Elliott - Gentry ADDRESS Cabool, Mo. — 25. DATE RECD. BY LOCAL REG. 11-15-56 — 26. REGISTRAR'S SIGNATURE Gaynell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James L. Gentry

Licensed Embalmer No 47

P. O. Address Caldwell

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