

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021458
State File No.

FILED JUN 23 1958

BIRTH NO. _____ REG. DIST. NO. 115-116 PRIMARY REG. DIST. NO. 6020 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 0360 b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Washington		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Johns Twp
d. FULL NAME OF (If not in hospital or institution, give street address or location) 1142 Elm St.		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) RFD 1 East			

3. NAME OF DECEASED (Type or Print)	a. (First) ALICE	b. (Middle) VIRGINIA	c. (Last) GEPHARDT	4. DATE OF DEATH (Month) (Day) (Year) June 16, 1958
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 19, 1878	9. AGE (To years last birthday) 79	IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Martin Van Buren Jones	13b. MOTHER'S MAIDEN NAME Anne Haller	14. NAME OF HUSBAND OR WIFE Andrew Gephardt
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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 AND ADDRESS Earl Gephardt, Washington, 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) Cardio-vascular Recanal Disease		INTERVAL BETWEEN ONSET AND DEATH 1954
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) obesity + arterio sclerosis		
	DUE TO (c) 20 yrs		
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	20. AUTOPSY? 442X 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)	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 **12-27, 1954**, to _____, 19____, that I last saw the deceased alive on **6-14, 1958**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Schmidt	(Degree or title) MD	23b. ADDRESS 702 1/2 Elm, Washington	23c. DATE SIGNED 6-16-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/19/58	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) Washington, Missouri
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DATE REC'D BY LOCAL REG. June 17, 58	REGISTRAR'S SIGNATURE F.R. Sudman	25 FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Henny G.W. Otto Washington
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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 *Henry W. Otto*.....
Licensed Embalmer No. *356*.....
P. O. Address *Washington*.....

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.