

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027871

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Marshall 0972	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 404 E North Street		Length of stay in 1b 30yrs	
d. STREET ADDRESS 404 E North		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EDWARD GOTTFRIED GERHARD		4. DATE OF DEATH July 12, 1958	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 7, 1895	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Municipal water Co.	
11. BIRTHPLACE (City and state or country) Malta Bend Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Gerhard		14. MOTHER'S MAIDEN NAME Minnie Eberle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes WW1 1917-18		16. SOCIAL SECURITY NO. 483-05-5670	
17. INFORMANT Mrs. Edward Gerhard		Address 404 E North Marshall	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Arteriosclerosis DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
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. Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 July 11 to July 12 and last saw him alive on July 12-1958 Death occurred at 5:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm R Lawrence, M.D. (Degree or title)		22b. ADDRESS Marshall, Mo	
22c. DATE SIGNED 7-12-58			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial		23b. DATE 7-15-1958	
23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Mo.	
24. FUNERAL DIRECTOR Shaney-Rosen Funeral Home Marshall		ADDRESS	
25. DATE RECD. BY LOCAL REG. 7-14-58		26. REGISTRAR'S SIGNATURE Cecil H. Reed	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service 972 300 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

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JUL 29 1958

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 *Jack W. Reser*

Licensed Embalmer No. *464*

P. O. Address *Marshall*

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