

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020843
STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. 100 Primary Registration District No. Registrar's No. 40

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Dent County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gladden TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Jadwin, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gladden TWP		Length of stay in lb 10 years	d. STREET ADDRESS (If outside, give location) 6330 Jadwin, Missouri		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) James Mathew Gearhart			4. DATE OF DEATH Month June Day 21 Year 1959		
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 April 18, 1899	9. AGE (In years last birthday) 60 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 Farming and Industry		11. BIRTHPLACE (City and state or country) Dent County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Valentine Gearhart		13b. MOTHER'S MAIDEN NAME Louisa Gamblin Gearhart	
14. NAME OF HUSBAND OR WIFE Martha Miller Gearhart		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. 490-14-1861	
17. INFORMANT Mrs. Martha M. Gearhart, Jadwin, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
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) 4200		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. _____ p.m. Month, Day, Year _____		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 5-13-59 , to 6-6-59 and last saw him alive on 6-6-59 Death occurred at 7:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Ray Mitchell, MD</i>		22b. ADDRESS Salem, Mo.	
22c. DATE SIGNED 6-23-		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 23, 1959	
23c. NAME OF CEMETERY OR CREMATORY Jadwin Cemetery		23d. LOCATION (City, town, or county) (State) Jadwin, Missouri			
24. FUNERAL DIRECTOR SPENCER FUNERAL HOME INC. SALEM, MO.		25. DATE RECD. BY LOCAL REG. 6/24/59		26. REGISTRAR'S SIGNATURE <i>M. M. Hart, M. D. Ly...</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

6961 2 700

VS
JUL 7 1960

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 *Carl H. Janner*

Licensed Embalmer No. *2370*
P. O. Address *Salina, KS*

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.