

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020963
STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 664A

S. 300
r. 1-57
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cameron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Macks Creek</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN HOSPITAL, give location) HOSPITAL OR INSTITUTION <u>Mercy Hosp.</u>		Length of stay in 1b <u>6 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>1500</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HARMON</u> Middle <u>W.</u> Last <u>GERHARDT</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>17</u> Year <u>1959</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 7-1867</u>
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. NAME OF HUSBAND OR WIFE <u>Mary E. Gerhardt</u>	
13a. FATHER'S NAME <u>August Gerhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Wallace</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>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>MARY E. Gerhardt, Macks Creek, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Semility</u>			INTERVAL BETWEEN ONSET AND DEATH
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)			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.) <u>794X</u>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ 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 <u>April 24, 59</u> to <u>June 17, 1959</u> and last saw her alive on <u>June 17, 1959</u> Death occurred at <u>945 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>		22b. ADDRESS <u>Springfield</u>	
22c. DATE SIGNED <u>6-19-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial June 19 1959</u>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <u>Road Church Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Cameron Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>L. B. Jones</u> ADDRESS <u>Buffalo Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-22-59</u>	
26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>			

AUG 18 1958

OCT 8 1959

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 me....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....
Signature of Student Embalmer

Signed A.E. Cleatham.....

Licensed Embalmer No. 3813.....
P. O. Address Buffalo, Mo.

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.