

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037213

FILED VS NOV 2 1959

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 233

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Length of stay in lb <u>4 days</u>		c. CITY OR TOWN <u>Forest Green</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>Community Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ARTHUR William Gebhardt Sr.</u>				4. DATE OF DEATH Month Day Year <u>Oct. 7, 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. 24, 1895</u>	
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Insurance</u>		11. BIRTHPLACE (City and state or country) <u>Forest Green Mo. U. S. A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>Chris Gebhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel (Holloway) Gebhardt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>490-18-5199</u>		17. INFORMANT Address <u>Mr. Arthur Gebhardt Sr. Forest Green</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>TOXEMIA</u>							
DUE TO (b) <u>Acute Obstruction of</u>							
DUE TO (c) <u>SMALL & LARGE intestine</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>1949</u> to <u>1959</u> and last saw ^{her} him alive on <u>Oct 4-59</u> Death occurred at <u>11:25 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. C. Lomb</u> <u>do</u>				22b. ADDRESS <u>Shannondale, Mo</u>		22c. DATE SIGNED <u>10-7-59</u>	
23. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Oct. 10, 1959</u>		<u>Osborn</u>		<u>Shannondale Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Treemonth Funeral Service Shogun Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Oct 23-59</u>		26. REGISTRAR'S SIGNATURE <u>Leah W. Lawrence</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

W. L. Luenmouth

Licensed Embalmer No. 3978

P. O. Address Glasgow, N.Y.

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.