URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS. NOV 23 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 375

59-041207
STATE FILE NUMBER

IENDED

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 604 East 12th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ALICE Middle: Last: GEHLE
4. DATE OF DEATH Month Day Year: November 19, 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Dec. 1, 1869
9. AGE (last birthday): 89
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and state or country): St. Louis County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Garrett Stone
13b. MOTHER'S MAIDEN NAME: Susan Goodfellow
14. NAME OF HUSBAND OR WIFE: August R. Gehle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: none
17. INFORMANT: George C. Gehle, Address: Sedalia, Mo;

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — yrs
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-10-59 to 11-19-59 and last saw her/him alive on 11-19-59
Death occurred at 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE D.K. Kirby (Degree or Title) M.D.
22b. ADDRESS 814 W. 16th Sedalia Mo.
22c. DATE SIGNED 11-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 21, 1959
23c. NAME OF CEMETERY OR CREMATORY: Greenridge Cemetery
23d. LOCATION (City, town, or county) (State): Greenridge, Mo.
24. FUNERAL DIRECTOR: D.W. Heckart, Gillespie Funeral Home, ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: 11-21-1959
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard D. Conn

Signature of Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo.

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