

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034485

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 164

STATE FILE NUMBER

**FILED SEP 17 1962**

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>GRUNDY</u>                                                                                                                                                                                                                                                                      |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>                         |                                                                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TRENTON</u>                                                                                                                                                                                                                                  |                                                                                                           | Length of stay in 1b <u>LIFE</u>                                                                                                                            |                                                                                                                                                                      |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1004 HALIBURTON</u>                                                                                                                                                                                                                |                                                                                                           | d. STREET ADDRESS (If outside, give location) <u>1004 HALIBURTON</u>                                                                                        |                                                                                                                                                                      |
| 3. NAME OF DECEASED (Type or print) First <u>EVA</u> Middle <u>MAY</u> Last <u>GEHLBACH</u>                                                                                                                                                                                                                       |                                                                                                           | 4. DATE OF DEATH Month <u>SEPT.</u> Day <u>7</u> Year <u>1962</u>                                                                                           |                                                                                                                                                                      |
| 5. SEX <u>FEMALE</u>                                                                                                                                                                                                                                                                                              | 6. COLOR OR RACE <u>WHITE</u>                                                                             | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-26-88</u>                                                                                                                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>                                                                                                                                                                                                      |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>                                                                                                            | 11. BIRTHPLACE (City and state or country) <u>TRENTON, MO.</u>                                                                                                       |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>                                                                                                                                                                                                                                                                       |                                                                                                           | 13a. FATHER'S NAME <u>FRANK STAMPER</u>                                                                                                                     |                                                                                                                                                                      |
| 13b. MOTHER'S MAIDEN NAME <u>DOCIA WEBER</u>                                                                                                                                                                                                                                                                      |                                                                                                           | 14. NAME OF HUSBAND OR WIFE <u>ALBERT GEHLBACH</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>NONE</u>                                                                                                                         |                                                                                                                                                                      |
| 17. INFORMANT <u>ALBERT GEHLBACH</u>                                                                                                                                                                                                                                                                              |                                                                                                           | Address <u>TRENTON, MO.</u>                                                                                                                                 |                                                                                                                                                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>HEART DISEASE</u><br>DUE TO (b) <u>ARTERIAL HYPERTENSION</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><u>-</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N- <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>5-28-62</u> to <u>9-7-62</u> and last saw her/him alive on <u>9-7-62</u><br>Death occurred at <u>10</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                         |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| 22a. SIGNATURE <u>Mrs. A. Fuson MD</u> (Degree or title)                                                                                                                                                                                                                                                          |                                                                                                           | 22b. ADDRESS <u>Trenton MO</u>                                                                                                                              |                                                                                                                                                                      |
| 22c. DATE SIGNED <u>9-10-62</u>                                                                                                                                                                                                                                                                                   |                                                                                                           | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                                                                                                     |                                                                                                                                                                      |
| 23b. DATE <u>9-10-62</u>                                                                                                                                                                                                                                                                                          |                                                                                                           | 23c. NAME OF CEMETERY OR CREMATORY <u>GRUNDY CENTER</u>                                                                                                     |                                                                                                                                                                      |
| 23d. LOCATION (City, town, or county) (State) <u>GRUNDY CO., MO.</u>                                                                                                                                                                                                                                              |                                                                                                           | 24. FUNERAL DIRECTOR <u>Geo. S. Whitaker Trenton, Mo.</u> ADDRESS                                                                                           |                                                                                                                                                                      |
| 25. DATE RECD. BY LOCAL REG. <u>9-10-62</u>                                                                                                                                                                                                                                                                       |                                                                                                           | 26. REGISTRAR'S SIGNATURE <u>Frene Fair</u>                                                                                                                 |                                                                                                                                                                      |

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Geo. S. Whiteaker*

Licensed Embalmer No. 4780

P. O. Address Trumbull, Me.

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.