

FILED MAY 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12725

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> <u>0421</u>	
c. LENGTH OF STAY (in this place) <u>5 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>207 East Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>J.</u> c. (Last) <u>Gehrig</u>			4. DATE OF DEATH (Month) <u>April</u> (Day) <u>23</u> (Year) <u>1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 11, 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>12</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>Plumbing & Heating</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alhambra, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>Jacob Gehrig</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ammie Bender Gehrig</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orville Gehrig, New Madrid, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>2 yrs.</u> <u>46X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aterial Sclerosis</u> DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Mar 17, 1948, to Apr. 23, 1950, that I last saw the deceased alive on Apr. 23, 1950, and that death occurred at 2:55 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. G. Blackmore D. M.D.</u>		23b. ADDRESS <u>Windsor, Mo.</u>		23c. DATE SIGNED <u>4-24-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>April 26-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> <u>423</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huston-Turner, Windsor, Mo.</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED - 5-1-50
District Health Officer No. 7,
District File Number 4-50-440
Date Filed 5-1-50

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thunders, Md

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 this body is not embalmed, fact should be so stated above.