

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21920

State File No. ....

FILED JUL 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Clinton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 da.</b>		- ADDRESS <b>228 N. Washington</b> <i>04280</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton General Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Otto</b> b. (Middle) <b>Walter</b> c. (Last) <b>Gerhardt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 14, 1955</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 7, 1880</b>		9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Businessman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Casket mfg.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clinton, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Adolph Gerhardt</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Guenther</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Whitaker Gerhardt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY <b>495-36-5303</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Helen Whitaker Gerhardt Clinton</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Nephritis</b> DUE TO (c) <b>Diabetic Gangrene left foot.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>260X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 June 6, 1954 to July 13, 1955 that I last saw the deceased alive on July 13, 1955, and that death occurred at 8:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. R. S. Hallenbrandt M.D.</b>		23b. ADDRESS <b>Clinton Missouri</b>		23c. DATE SIGNED <b>7/16/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/16/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>7-16-55</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. Conner Clinton, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 12 1955

1915

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 *Eugene P. Conaler*.....

Licensed Embalmer No...46...

P. O. Address...Clinton...

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