

**CERTIFICATE OF DEATH**

**OCT 16 1973**  
Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 394

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 11/72

**FILED**

7b-c 3935

7d 10022

8. 29

14a. 29

14b. 159

14c-d 40301

14e. 080

23. 0022701

26a. 1

18. U4109

18-S-1.

18-S-2.

20a-f.

20g-St.

20g-Co.

20g-Cy.

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

|  |  |  |   |  |   |   |
|--|--|--|---|--|---|---|
| DECEASED—NAME FIRST MIDDLE LAST  |  |  | SEX   | DATE OF DEATH (MONTH, DAY, YEAR)                     |   |   |
| 1. HERBERT HADLEY GENSLER  |  |  | 2. Male   | 3. October 4, 1973                                   |   |   |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)   |  | AGE—LAST BIRTHDAY (YEARS)  | UNDER 1 YEAR MOS. DAYS  | UNDER 1 DAY HOURS MIN.                               | DATE OF BIRTH (MONTH, DAY, YEAR)  |   |
| 4. White   |  | 5a. 64   | 5b.   | 5c.  | 6. March 20, 1909   |   |
| CITY, TOWN, OR LOCATION OF DEATH   |  |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)               |  |   |   |
| 7a. Sedalia  |  |  | 7b. Bothwell Hospital   |  |   |   |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  |  | CITIZEN OF WHAT COUNTRY  |   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  |   | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)                  |
| 8. Missouri  |  | 9. U.S.A.  |   | 10. Married  |   | 11. Minnie Burns  |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |   |  | KIND OF BUSINESS OR INDUSTRY  |   |
| 12. 495-05-8324  |  | 13a. Farmer and Carpenter, retired   |   |  | 13b. General Agriculture, Construction  |   |
| RESIDENCE—STATE  | COUNTY   | CITY, TOWN, OR LOCATION, ZIP CODE  |   | INSIDE CITY LIMITS (SPECIFY YES OR NO)               | TOWNSHIP  | STREET AND NUMBER   |
| 14a. Missouri  | 14b. Pettis  | 14c. Smithton 65350  |   | 14d. Yes   | 14e. Smithton   | 14f. no street address  |
| FATHER—NAME FIRST MIDDLE LAST  |  |  | MOTHER—MAIDEN NAME FIRST MIDDLE LAST  |  |   |   |
| 15. Thomas G. Gensler  |  |  | 16. Leona Burrell   |  |   |   |
| INFORMANT—NAME   |  |  | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)                            |  |   |   |
| 17a. Mrs. Minnie Gensler wife  |  |  | 17b. Smithton, Missouri 65350   |  |   |   |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))   |  |  |   |  |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                  |
| 18. IMMEDIATE CAUSE  |  |  |   |  |   |   |
| (a) Acute myocardial infarction  |  |  |   |  |   | Sudden  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |   |  |   |   |
| (b) Coronary insufficiency   |  |  |   |  |   | 5 yrs   |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |   |  |   |   |
| (c)  |  |  |   |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)   |  |  |   |  |   | AUTOPSY (YES OR NO)   |
|  |  |  |   |  |   | 19. No  |
|  |  |  |   |  |   | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
|  |  |  |   |  |   | 20. No  |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)   | DATE OF INJURY (MONTH, DAY, YEAR)  | HOUR   | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)                  |  |   |   |
| 20a.   | 20b.   | 20c.   | M. 20d.   |  |   |   |
| INJURY AT WORK (SPECIFY YES OR NO)   | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)   | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)                                   | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS                                |  |   |   |
| 20e.   | 20f.   | 20g.   | 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. |  |   |   |
| CERTIFICATION—PHYSICIAN:   | MONTH DAY YEAR   | MONTH DAY YEAR   | AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR  | I DID/DID NOT VIEW THE BODY AFTER DEATH.             | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |   |
| 21a. DECEASED FROM   | 9 1968   | 21b. Oct 1973  | 21c. 9 10 73  | 21d. Dead  | 21e.  |   |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. |  |  | HOUR OF DEATH   | THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR |   |   |
| 22a.   |  |  | 22b.  | M. 22c.  |   |   |
| CERTIFIER—NAME (TYPE OR PRINT)   | MO. LICENSE NO.  | SIGNATURE  |   | DEGREE OR TITLE                                      | DATE SIGNED (MONTH, DAY, YEAR)  |   |
| 23a. J. C. Braess M.D.   | 232701   | 23c. J. C. Braess M.D.   |   | 23d. 10-9-73   |   |   |
| MAILING ADDRESS—CERTIFIER  |  | STREET OR R.F.D. NO.   |   | CITY OR TOWN   | STATE   | ZIP   |
| 23e. Smithton Mo.  |  | 65350  |   |  |   |   |
| BURIAL, CREMATION, REMOVAL (SPECIFY)   | CEMETERY OR CREMATORY—NAME   |  | LOCATION CITY OR TOWN STATE   |  |   |   |
| 24a. Burial  | 24b. Walnut Grove Cemetery   |  | 24c. Boonville, Missouri  |  |   |   |
| DATE (MONTH, DAY, YEAR)  | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) |  |   |  |   |   |
| 24d. October 6, 1973   | 24e. Ewing Funeral Home, Seventh at Osage, Sedalia, Missouri 65301             |  |   |  |   |   |
| FUNERAL DIRECTOR—SIGNATURE   | REG. NO.   | REGISTRAR—SIGNATURE  |   | DATE RECEIVED BY LOCAL REGISTRAR                     |   |   |
|  | 25c. 444   | Frances Shelby Lytle Cole  |   | 24f. Oct. 9, 1973                                    |   |   |

Type or print in PERMANENT BLACK INK. See handbook for instructions.

pending permit issued

JAN 9 1974

OCT 19 1973

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 Gerald L Martin

Licensed Embalmer No. 1628

P. O. Address Sedalia, Mo

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.