

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40624

State File No. _____

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BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville	
c. LENGTH OF STAY (in this place) 20 Years		d. STREET ADDRESS (If rural, give location) 722 Locust St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alex VanRavenswaay Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Gerhardt c. (Last) Gerhardt			4. DATE OF DEATH (Month) (Day) (Year) December 30 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25 1889
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner		10b. KIND OF BUSINESS OR INDUSTRY Tavern & Resturant	11. BIRTHPLACE (State or foreign country) Cooper County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Joseph Gerhardt		13b. MOTHER'S MAIDEN NAME Kathrina Grom	14. NAME OF HUSBAND OR WIFE Mrs. Bertha Stegner Gerhardt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Gerhardt ADDRESS Boonville, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver. INTERVAL BETWEEN ONSET AND DEATH 1/2 year ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) Esophageal hemorrhages and asites. 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 None	
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) _____	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 <u>June 13, 1949</u> , to <u>Dec 30, 1949</u> , that I last saw the deceased alive on <u>Dec 29, 1949</u> , and that death occurred at <u>4a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Alex VanRavenswaay M.D. (Degree or title)		23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED 12.30.49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE January 1 1950	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville Missouri.
DATE REC'D BY LOCAL REG. Dec 30-49	REGISTRAR'S SIGNATURE D. Cooper 381	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Missouri. ADDRESS _____	

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

RECEIVED

JAN 5

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-50

FEB 16 1950

JAN 12 1950

REC'D 12 JAN 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 G. F. Pallen

Licensed Embalmer No. 3062

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.