

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8002

0210  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>FOREST GREEN</u> (township) <u>Life</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>FOREST GREEN</u> (township) <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FOREST GREEN</u>		d. STREET ADDRESS (If rural, give location) <u>FOREST GREEN</u> <u>CHARITON TWP.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>-</u> c. (Last) <u>GESSLING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 1, 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JUNE 25 1893</u>
9. AGE (To years last birthday) <u>56</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>FOREST GREEN MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHRIS GESSLING</u>	
13b. MOTHER'S MAIDEN NAME <u>MARGARET SANDERS</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 <u>Mrs. Richard Gebhardt</u>		ADDRESS <u>Glasgow, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
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) <u>Forest Green, Chariton, Mo.</u>	
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>April 1949</u> to <u>March 1950</u> , that I last saw the deceased alive on <u>March 1950</u> and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>L. L. Harms - MD</u> (Degree or title)		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>3-5-50</u>		24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>MAR 3 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM</u>	
24d. LOCATION (City, town, or county) (State) <u>FOREST GREEN MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter C. Cuddeley</u> ADDRESS <u>Glasgow, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/16/50</u>		REGISTRAR'S SIGNATURE <u>Walter C. Cuddeley</u>	

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

RECEIVED MAR 20 MAR 25 1950

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-22-50

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

*J. Walker Audsley*

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.