

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16253

BIRTH NO. 20273-50 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5311 Registrar's No. 50

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 PILOT GROVE RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PILOT GROVE RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 miles north		d. STREET ADDRESS (If rural, give location) 2 1/2 MILES NORTH	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) ARTHUR c. (Last) GENSLER			4. DATE OF DEATH (Month) (Day) (Year) MAY 9 - 1950		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH APRIL 7-1950	9. AGE (In years last birthday) 1 IF UNDER 1 YEAR 2 IF UNDER 12 HRS. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (State or foreign country) COOPER COUNTY - MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HARRY LEWIS GENSLER	13b. MOTHER'S MAIDEN NAME MARGARET PARKER	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS H.L. GENSLER PILOT GROVE-MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inanition DUE TO (c) Prematurity		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7725	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Amputation. L.V.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **1950** to **1950**, that I last saw the deceased alive on **5/10/50**, and that death occurred at **Boonville, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE H.L. Gensler	(Degree or title)	23b. ADDRESS Boonville, Mo	23c. DATE SIGNED 5/10/50
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24a. BURIAL, CREMATION, REMOVAL BURIAL	24b. DATE 5/10/50	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) BOONVILLE MO
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DATE REC'D BY LOCAL REG May 10-50	REGISTRAR'S SIGNATURE D. Hooper 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEGNER FUNERAL HOME-BOONVILLE MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 15

...ict Heal

... No. 8,

...ct File Num

Date Filed

5/17/50

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed *James W. Stegman*

Signed _____
Student Embalmer

Licensed Embalmer No. *137800*

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.