

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7298

State File No. ....

FILED MAR 19 1952

BIRTH NO. .... REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Bates</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Butler</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Butler</i>	
c. LENGTH OF STAY (In this place) <i>6 days</i>		d. STREET ADDRESS (If rural, give location) <i>204 S. Mechanic</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>204 S. Mechanic</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph</i> b. (Middle) <i>L.</i> c. (Last) <i>Ghere</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 13 1952</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 1, 1868</i>	9. AGE (In years last birthday) <i>83</i>	10. MONTHS <i>7</i>	11. DAYS <i>12</i>	12. HOURS <i></i>	13. MIN. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Colfax, Indiana</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>ANDREW GHERE</i>	13b. MOTHER'S MAIDEN NAME <del>BARAH</del> <i>Sparks</i>	14. NAME OF HUSBAND OR WIFE <i>Anna D. Ghere</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>	16. SOCIAL SECURITY NO. <i>NO</i>	17. INFORMANT'S SIGNATURE OR NAME <i>V. H. Ghere</i>	ADDRESS <i>S. Mechanic - Butler Mo</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>hypostatic pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>48 hours</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>pulmonary edema</i>			<i>3 days</i>
	DUE TO (c) <i>right side heart failure</i>			<i>2 years</i>
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	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) m.	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 *June*, 1940, to *March 13*, 1952, that I last saw the deceased alive on *March 13*, 1952, and that death occurred at *5:50 P m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>L. S. LaHue, M.D.</i>	23b. ADDRESS <i>Butler, Mo.</i>	23c. DATE SIGNED <i>3-14-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>March 16, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Butler Mo.</i>
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DATE REC'D BY LOCAL REG. <i>March 14-52</i>	REGISTRAR'S SIGNATURE <i>Randall Kany</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Edwin Anderson</i>	ADDRESS <i>Butler, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Robert G. Steinbech*

Licensed Embalmer No. 4657

P. O. Address Butte, 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.