

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8665**

FILED MAR 27 1952

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BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		<u>1485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 706 E. Albert</u>				d. STREET ADDRESS (If rural, give location) <u>706 E. Albert</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Levin</u> b. (Middle) <u>S</u> c. (Last) <u>Gearhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 12, 1952</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 14, 1879</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Penna.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Daniel Gearhart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Drum</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Gearhart (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>509 05 8267</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jerry Shank, Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal failure & depression</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>6 wks</u> <u>10 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>				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) m.		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>Sept 1951</u> , to <u>3-12, 1952</u> , that I last saw the deceased alive on <u>3-12, 1952</u> , and that death occurred at <u>6:55P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Med. J. Gammal</u>				23b. ADDRESS <u>Indep. Mo</u>		23c. DATE SIGNED <u>3/13/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Everest, Kansas.</u>	
DATE REC'D BY LOCAL REG. <u>3-13-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Independence, Mo.</u>			

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

MAR 22 1952

APR 3 1952

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 _____

Dean W. Huff

Student Embalmer No. *446*

working under my personal supervision.

Student *Dean W. Huff*
Student Embalmer

Signed *Charles E. Schroeder*

Licensed Embalmer No. *4741*

P. O. Address *Independence, 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.