

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25170**

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY MORGAN 0710			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MORGAN		
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - MOREAU		c. LENGTH OF STAY (In this place) lifetime	c. CITY (If outside corporate limits, write RURAL and give township) 0710 RURAL - MOREAU Twp. 0		d. STREET ADDRESS (If rural, give location) 1 mi. E. of Glensted
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. E. of Glensted					
3. NAME OF DECEASED a. (First) NETTIE b. (Middle) VERA c. (Last) GERHART			4. DATE OF DEATH (Month) (Day) (Year) July 15 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 12-1899	9. AGE (In years) (Months) (Days) (Hours) (Min.) 52 9 24	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) MORGAN County, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME J.S. Bridges		13b. MOTHER'S MAIDEN NAME MARGARETTE L. ROBERTSON		14. NAME OF HUSBAND OR WIFE DORAN GERHART	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DORAN GERHART - VERSAILLES, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 wks.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degeneration due to Marie's Cerebellar Ataxia			
		DUE TO (c)			
		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 355X		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) (Min.)		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 **July 15, 1952**, to **July 15, 1952**, that I last saw the deceased alive on **July 13, 1952**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Dach Gunn M.D.** (Degree or title) 23b. ADDRESS **Versailles, Mo.** 23c. DATE SIGNED **7-16-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 17-52** 24c. NAME OF CEMETERY OR CREMATORY **Glensted Cemetery** 24d. LOCATION (City, town, or county) (State) **Glensted, Mo.**

DATE REC'D BY LOCAL REG. **July 30-1952** REGISTRAR'S SIGNATURE **J. L. Washburn, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **W. F. Kiowell** ADDRESS **Versailles, Mo.**

Per order of **O. Kidwell, Registrar** (Licensed Embalmer's Statement on Reverse Side)

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

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

Frederick Dartman

Licensed Embalmer No. 4021

P. O. Address Persepolis, 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.