

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

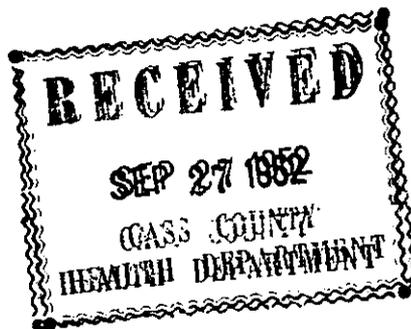
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State File No. _____

FILED SEP 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>5228</u>		Registrar's No. <u>138</u>		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Pleasant Hill</u>		c. LENGTH OF STAY (in this place) <u>16 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Pleasant Hill township</u>		0191		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baldwin Lake, Pleasant Hill</u>				d. STREET ADDRESS (If rural, give location) <u>Baldwin Lake, Pleasant Hill</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERDA</u> b. (Middle) <u>W.</u> c. (Last) <u>COSTELLO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1952</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>11-17-1889</u>		
9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 WKS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Charles A. Arlund</u>		13b. MOTHER'S MAIDEN NAME <u>Maydalena Leufvenmark</u>		14. NAME OF HUSBAND OR WIFE <u>deceased Charles Costello</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>509-16-4415</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vivian Heeter</u> ADDRESS <u>Edwardsville, Kan</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTRIC Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GASTRIC Ulcer</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>ARTERIOSCLEROTIC Heart Disease</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5400		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ <u>8P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>O. J. Burger (Coroner) M.D.</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>Sept. 22, 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-24-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-24-1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		457		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Church</u> ADDRESS <u>Pleasant Hill Mo</u>		

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



OCT 7 1956

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 Allen W. Bunch

Licensed Embalmer No. 3785

P. O. Address Allen W. Bunch

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.