

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24360

State File No. _____

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Franklin		a. STATE Missouri	b. COUNTY Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Central)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Villa Ridge, Missouri	
c. LENGTH OF STAY (in this place) 1 Yr		d. STREET ADDRESS (If rural, give location) Union Township	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Ben	a. (First)	b. (Middle)	c. (Last) Gildehaus	4. DATE OF DEATH (Month) (Day) (Year) July 24, 1953
---	------------	-------------	----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1889	9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months	# UNDER 1 HRS. Hours	Min.
---------------------------	--------------------------------------	--	-------------------------------------	--	-----------------------	----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	--

13a. FATHER'S NAME Richard Gildehaus	13b. MOTHER'S MAIDEN NAME (Unknown)	14. NAME OF HUSBAND OR WIFE Bernie Gildehaus	
--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-16-2523	17. INFORMANT'S SIGNATURE OR NAME Bernie Gildehaus	ADDRESS Union,
---	---	--	------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	4201		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Clair, Central Franklin Mo
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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest P. Ottmann (Degree or title) 3	23b. ADDRESS Crowed Herald, Mo.	23c. DATE SIGNED July 25, 1953
---	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 27, 1953	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Union, Missouri
--	---------------------------------------	--	---

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Hellin	25. FUNERAL DIRECTOR'S SIGNATURE Union Funeral Home, Union	ADDRESS
---------------------------------	--	--	----------------

(Licensed Embalmer's Statement on Reverse Side)

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

300
48
60
1

1955
OCT 5 1955

Harlan H. Johnson

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. 1

working under my personal supervision. *Dr. Paul W. Johnson*

Student
Student Embalmer

Signed: *Harlan H. Johnson*

Licensed Embalmer No. *4488*

P. O. Address: *Union, 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.