

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42426

FILED JAN 4 1954

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 149	
1. PLACE OF DEATH a. COUNTY COOPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY COOPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		027 2/3	
d. FULL NAME OF HOSPITAL OR INSTITUTION REAR-6TH ST				d. STREET ADDRESS (If rural, give location) REAR SIXTH - ST			
3. NAME OF DECEASED (Type or Print) a. (First) ELDREGE b. (Middle) EDWARD c. (Last) GEARHARDT			4. DATE OF DEATH (Month) (Day) (Year) DEC 22 53				
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY-5-1893	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY MO.		11. BIRTHPLACE (State or foreign country) MO.	
12. CITIZEN OF WHAT COUNTRY? Missouri		13a. FATHER'S NAME ANTHONY GEARHARDT		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLDWARR. 491-612776		17. INFORMANT'S SIGNATURE OR NAME JOHN GEARHARDT ADDRESS REAR 6TH ST BOONVILLE			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) There is no record of recent disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Had been working on extra gang on my Pacific road. Patient had been in bed the day of his death & later in the day was found dead. 2. 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"/>	
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)		7824	
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? Dec 22			
22. I hereby certify that I attended the deceased from April, 1952, to March, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE W. E. Stone				23b. ADDRESS MO Boonville, Mo.		23c. DATE SIGNED 12-28-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 28, 53		24c. NAME OF CEMETERY OR CREMATORY MT-PLEASANT		24d. LOCATION (City, town, or county) (State) FRANKLIN MO	
DATE REC'D BY LOCAL REG. 12/28/53		REGISTRAR'S SIGNATURE D. Hooper 381 - 0		25. FUNERAL DIRECTOR'S SIGNATURE Stuart P. Parker		ADDRESS Columbia, Mo.	

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

EMBR 3

JAN 21 1954

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 Stuart P. Barker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.