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STANDARD CERTIFICATE OF DEATH

FILED MAR 2 1954
BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 9848 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BUSHAWAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHILlicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH	
c. LENGTH OF STAY (in this place) 1 DAY		d. STREET ADDRESS (If rural, give location) PARK LANE APARTMENTS	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) DALE c. (Last) GERHARDT			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 19, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 14, 1930	9. AGE (In years last birthday) 23	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) MUSICIAN		10b. KIND OF BUSINESS OR INDUSTRY DANCE ORCHESTRA		11. BIRTHPLACE (State or foreign country) ST. JOSEPH, MISSOURI	
13a. FATHER'S NAME JOHN G. GERHARDT			13b. MOTHER'S MAIDEN NAME GEORGIA COLLINS		12. CITIZEN OF WHAT COUNTRY? U. S.
14. NAME OF HUSBAND OR WIFE Betty Lou COLLIER			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		
16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME JOHN G. GERHARDT ADDRESS 1008 WALNUT CHILlicothe, MO.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Skull Fracture		DUE TO (b) _____			45 min
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Femur Bilateral					48 min
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chillicothe, Livingston MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 19 54 9:45 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Collision			
22. I hereby certify that I attended the deceased from Feb. 19, 1954 , to Feb. 19, 1954 , that I last saw the deceased alive on Feb. 19, 1954 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.		23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED Feb. 20, 54	
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Feb. 22, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City/town, or county) (State) St. Joseph, Missouri		
DATE REC'D BY LOCAL REG. Feb 20-54	REGISTRAR'S SIGNATURE Francis R Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME, CHILlicothe, MO.			

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

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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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.