

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

State File No. **37833**

FILED NOV 28 1955

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **279**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	c. LENGTH OF STAY (in this place) 2 yrs. plus	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital		d. STREET ADDRESS (If rural, give location) 1014 East 26th Street	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) AUGUSTA	c. (Last) GEHREAN	4. DATE OF DEATH (Month) (Day) (Year) November 17, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH January 17, 1880	9. AGE (In years last birthday) 75 Months 10 Days 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilermaker - Retired	10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company	11. BIRTHPLACE (City and State or Foreign Country) N.Y.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James A. Gehrean	13b. MOTHER'S MAIDEN NAME Ellen Joy	14. NAME OF HUSBAND OR WIFE
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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 # #	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Nell Gehrean, Kansas City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH Years (?)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES DUE TO (b) Psychosis with Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221		3 Years (?) Years (?)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **August**, 19 **53**, to **Nov. 17**, 19 **55**, that I last saw the deceased alive on **Nov. 16**, 19 **55**, and that death occurred at **12:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dwight M. Anderson, M.D.	23b. ADDRESS Wabash Employes' Hospital Moberly, Missouri	23c. DATE SIGNED 11/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-18-1955	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 11-18-55	REGISTRAR'S SIGNATURE Leah Blouie 269	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahan and Son, Moberly, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 23 1955

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Woburn, Mass.

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.