

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41420

State File No.

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>	
b. CITY OR TOWN <u>STOVER</u>	c. LENGTH OF STAY (in this place) <u>6 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOVER</u> <u>110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover</u>		d. STREET ADDRESS (If rural, give location) <u>STOVER</u>	

3. NAME OF DECEASED (Type or Print) <u>CHARLES FRANK GEHRS</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>December 16 1955</u>
--	------------	-------------	-----------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JUNE 4, 1876</u>	9. AGE (In years last birthday) <u>79</u>	if UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>HENRY GEHRS</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA Hirsch Vogeh</u>	14. NAME OF HUSBAND OR WIFE <u>Phila Miranda Gehrs</u>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>B.L. Coit</u> ADDRESS <u>Stover, MO.</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, asthenia, 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) <u>Lobar Pneumonia</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular accident</u> DUE TO (c) <u>Hypertension, Benign Essential</u>		<u>3 weeks</u> <u>years</u>

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)
--	--	---

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 1953, to Dec. 16, 1955, that I last saw the deceased alive on Dec. 16, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray Tyle, M.D.</u> (Degree or title)	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>12/20/55</u>
--	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>December 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stover Missouri</u>
---	------------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Dec. 24/16 1955</u>	REGISTRAR'S SIGNATURE <u>Wm. L. Ripberger</u> 212-70	25. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Scriber</u> ADDRESS <u>Versailles, Mo.</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

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 James R. Scrimmer

Licensed Embalmer No. 4880

P. O. Address Versailles, 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.