

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019230
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 274 Primary Registration District No. 5928 Registrar's No. 248

5. 300
1.-57

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If in institution, Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY OR TOWN <i>Heath Creek</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Nelson</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>8 miles S of Nelson</i> Length of stay in lb <i>12 yrs</i>		d. STREET ADDRESS <i>8 miles S of Nelson</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>CHARLES-MARION-GENSHER</i> First Middle Last		4. DATE OF DEATH <i>May 31, 1958</i> Month Day Year	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 11, 1900</i>
9. AGE (In years) <i>58</i> Months Days Hours Min.		9. AGE (In years) <i>58</i> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	
11. BIRTHPLACE (City and state or country) <i>Cooper County, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Thomas Gensher</i>		13b. MOTHER'S MAIDEN NAME <i>Leona Burrell</i>	
13c. NAME OF HUSBAND OR WIFE <i>Margaret Gensher</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>487-01-6200</i>	
17. INFORMANT <i>Margaret Gensher, Nelson, Mo.</i> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Two hours</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart disease</i>		Five years	
DUE TO (c) <i>4200</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Jan 1956</i> to <i>May 31 58</i> and last saw ^{her} him alive on <i>May 31 58</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John Mc Neish, D^o</i> (Degree or title)		22b. ADDRESS <i>R# 1 Marshall MO</i>	
22c. DATE SIGNED <i>6-1-58</i>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <i>June 2, 58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Walnut Grove, near Coonville, Mo</i>		23d. LOCATION (City, town, or county) (State) <i>Coonville, Mo</i>	
24. FUNERAL DIRECTOR <i>Hays Painter, Pilot Springs</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>June 1-1958</i>	
26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 12 1958

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
Signature of Student Embalmer

Signed *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Pilot Grove,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.