

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024585

FILED VS AUG 4 1959 **2**

Registration District No. **92** Primary Registration District No. **3017** Registrar's No. **105**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOONEVILLE		Length of stay in 1b 5 Days	c. CITY OR TOWN STOVER
c. FULL NAME OF (IF NOT in-hospital, give location) HOSPITAL OR INSTITUTION St. JOSEPH Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3RD. MAIN
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PHILA Middle M Last GEHRS			4. DATE OF DEATH Month JULY Day 29 Year 1959	
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 5 1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) MORGAN COUNTY MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13. FATHER'S NAME FRED E WAKLERS	13b. MOTHER'S MAIDEN NAME CATHRINE MORSEES	14. NAME OF HUSBAND OR WIFE CHAS. F GEHRS
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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 NO. NONE	17. INFORMANT Address KATHRYN COIT STOVER MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH ± 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Cardiovascular Disease	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **7-25-59** to **7-29-59** and last saw her him alive on **7-29-59**
Death occurred at **7: P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. M. Stuart, M.D.	22b. ADDRESS 329 Main; Booneville, Mo	22c. DATE SIGNED 8-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 1 1959	23c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY	23d. LOCATION (City, town, or county) (State) STOVER MO.
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24. FUNERAL DIRECTOR ADDRESS J. H. Stevenson Stover Mo	25. DATE RECD. BY LOCAL REG. 8/1/59	26. REGISTRAR'S SIGNATURE D. Hooper
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 407
P. O. Address Stover

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.