

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026310

STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>California</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS NICHOLAS GERHART</u>			4. DATE OF DEATH Month Day Year <u>July 23 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-16-1882</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>75</u> Months <u>10</u> Days <u>7</u> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NO</u>	11. BIRTHPLACE (City and state or country) <u>Clarksburg, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>WM GERHART</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HEINEN</u>		14. NAME OF HUSBAND OR WIFE <u>CORNELIA GERHART</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>NO</u>	17. INFORMANT Address <u>Cornelia Gerhart California Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis, generalised &amp; cerebral</u>	<u>3 + years</u>	
	DUE TO (c) <u>332X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parkinson's disease</u>			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.)		
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 <u>California, Moniteau Mo</u>	COUNTY <u>Moniteau</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>10-8-55</u> to <u>7-22-58</u> and last saw him <u>live on</u> <u>7-22-58</u> Death occurred at <u>12:05 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>RRB Fulke, MD</u> (Degree or title)	22b. ADDRESS <u>California, Mo</u>	22c. DATE SIGNED <u>7-24-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-25-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>California Missouri</u>
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24. FUNERAL DIRECTOR <u>Hugh E. Williams</u> ADDRESS <u>California</u>	25. DATE RECD. BY LOCAL REG. <u>7/25/1958</u>	26. REGISTRAR'S SIGNATURE <u>H L Popejoy</u>
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(Licensed Embalmer's Statement on Reverse Side)

300  
1-57  
680  
1

All diseases in Part I must be causally related. No symptoms will be listed. No only standard nomenclature in item 18. No symptoms will be listed. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 10 1958

JUL 30 1958

SEP 1 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 *Hugh E. Williams*

Licensed Embalmer No. *3539*

P. O. Address *California*

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.