MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 90020740 STATE FILE NUMBER

FILED JUN 15 1965

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0817
2 0810
3
4 0
5 2
6
7 0
8 2
9 795.4
10
11
12 91-8
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rolla
Length of stay in 1b: Trans.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Old City Dump Road.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: Rolla
Inside Limits: Yes ☐ No ☐ XX
d. STREET ADDRESS (If outside, give location): HiWay 66 East.
Reside on Farm: Yes ☐ XX No ☐

3. NAME OF DECEASED (Type or print): First HOMER Middle ... Last GAHR.

4. DATE OF DEATH: Month June Day 6 Year 1965

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-22-04
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Various.
11. BIRTHPLACE (City and state or country): Phelps Co., Mo.,
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Edward V. Gahr
13b. MOTHER'S MAIDEN NAME: Martha E. Pierce
14. NAME OF HUSBAND OR WIFE: Emma Gahr. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No XX
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Mrs. Alice Clayton, Rolla, Mo.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Presumed to be Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): (Coroner of Phelps County Notified)
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART 1 (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. [illegible] XX [illegible] (Signature and title of person giving data)
Death occurred at (about) 11 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Nadine L. Stoll Local Registrar
22b. ADDRESS: Rolla, Missouri
22c. DATE SIGNED: 6-8-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-8-65
23c. NAME OF CEMETERY OR CREMATORY: Thomas Cemetery
23d. LOCATION (City, town, or county) (State): Rt. 1, Rolla, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Null & Son Funeral Home..Rolla Mo.,
By Paul E. Null
25. DATE RECD. BY LOCAL REG.: 6-8-65
26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Paul E. Null

Signature of Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.