

FILED OCT 11 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30561

State File No. _____

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti, Hay Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pemiscot County Boarding Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot 78
(c) City or town Hayti, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Callie Geist

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 91

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 14 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Crockett Co., Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business County Home

12. Name Jim Hager 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Shepard

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Will Savage

(b) Address Stile, Mo. Rt.

17. (a) Burial (b) Date thereof 7/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo.

18. (a) Signature of funeral director John W. Herman

(b) Address Hayti, Mo.

19. (a) 10-5-48 (b) John W. Herman
(Date received local registrar) (Registrar's signature) 406

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1948 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from February 15th 1948, to July 15 1948, that I last saw he alive on July 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis gangrene left foot
Duration 2 mo.

Due to arteriosclerosis + Senility year

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. B. Beecher (M. D. or other) _____

Address Courtenaville, Mo. Date signed 7-20-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

10-48 - 276

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John L. German*.....

Licensed Embalmer No. *4355*.....

P. O. Address *Hayti, 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.