

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13279**

FILED MAY 11 1949

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN BELLE MO R.F.D. #1) c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belle Mo R.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Belle Mo R.D.		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) George			4. DATE OF DEATH (Month) (Day) (Year) 4-24-1949	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	4. DATE OF DEATH (Day)
5. SEX Male-0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-18-1862	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.	9. AGE (In years last birthday) Months 7 Days 6 Hours _____ Min. _____

13a. FATHER'S NAME George John Gieck	13b. MOTHER'S MAIDEN NAME Barbara Eller	14. NAME OF HUSBAND OR WIFE Elizabeth Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Virgil Gieck ADDRESS Belle Mo. R.D.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		4214

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-1, 1945, to 4-24, 1949, that I last saw the deceased alive on 4-24, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. Bunge M.D.	23b. ADDRESS Bland Mo	23c. DATE SIGNED 4-26-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-27-49	24c. NAME OF CEMETERY OR CREMATORY Francis Cemetery
		24d. LOCATION (City, town, or county) (State) Belle Mo R.F.D.

DATE REC'D BY LOCAL REG. 4/29/49	REGISTRAR'S SIGNATURE E. A. Drummond	25. GENERAL DIRECTOR'S SIGNATURE Halde Moston ADDRESS Linn Mo.
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RECEIVED
District Health Officer No. 9
District File Number
Date Filed
MAY 10 1949

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 _____
Student Embalmer

Signed Vernon M. Minton

Licensed Embalmer No. 4125

P. O. Address Levin, 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.