

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29396**
Registrar's No. **1029**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5134		Registrar's No. 1029		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washington		c. LENGTH OF STAY (In this place) 12, yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington		41		
d. FULL NAME OF HOSPITAL OR INSTITUTION B.R. #4, St. Joseph				d. STREET ADDRESS (If rural, give location) B.R. #4, St. Joseph				
3. NAME OF DECEASED (Type or Print) a. (First) Leslie b. (Middle) R. c. (Last) Geery			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1949					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr. 1, 1875		
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 5 Days 18		IF UNDER 2 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farm			11. BIRTHPLACE (State or foreign country) Nevada, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Albert Geery		13b. MOTHER'S MAIDEN NAME Susan		14. NAME OF HUSBAND OR WIFE Ethel Geery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If you, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Ethel Geery		ADDRESS RR#4, St. Joseph		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocardiasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 4722	
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)		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) (Min.)		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 8-19, 1948 to 9-19, 1949 , that I last saw the deceased alive on 9-17, 1949 and that death occurred at 5:00A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Albert H. McInerch, M.D.			23b. ADDRESS St. Joseph, 8, Mo			23c. DATE SIGNED 9-19-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/22/1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Sept 23, 1949		REGISTRAR'S SIGNATURE G. B. Jenkins		382 25. FUNERAL DIRECTOR'S SIGNATURE Plato B. Brown		ADDRESS St. Joseph, Mo.		

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

Dr. M. M. M. M. M.

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 *William J. Galdery*

Licensed Embalmer No. *4525*

P. O. Address *2195 10th St. St. Joseph*

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.