

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **36383**  
 Registrar's No. **1249**

FILED NOV 21 1949

BIRTH NO.		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>1249</b>		
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph, Mo.</b>		c. LENGTH OF STAY (in this place) <b>12 1/2 Hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph, Mo.</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>922 North 20th, Street</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>Edward</b>		c. (Last) <b>Geyer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>April 23, 1932</b>		9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Const. Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Malott Const. Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Dallas Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Paul Geyer</b>		13b. MOTHER'S MAIDEN NAME <b>Opal Gardner</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>497-03-5975</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr Paul Geyer</b>		ADDRESS <b>922 North 20th St</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage, Massive</b>						<b>12 hrs</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Multiple Basal Skull Fracture</b>						<b>12 hrs.</b>	
	DUE TO (c) <b>Fracture ribs 12 &amp; 13 &amp; left 1 &amp; 2 with a teleostasis</b>						<b>12 hrs.</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Spleen cystic (minor) with about 100 cc. blood loss.</b>						<b>12 hrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>5 West 18th &amp; Frederick St.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph Buchanan Mo.</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 14, '49 7:00 pm.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>motorbike deceased riding struck a truck causing injury</b>				
22. I hereby certify that I attended the deceased from <b>14 Nov., 1949</b> , to <b>15 Nov., 1949</b> , that I last saw the deceased alive on <b>15 Nov., 1949</b> , and that death occurred at <b>7:10 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Thomson P. Potter M.D.</b>				23b. ADDRESS <b>731 Farnon St. St. Joseph, Mo.</b>		23c. DATE SIGNED <b>16 Nov. 49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-17-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Nov. 18, 1949</b>		REGISTRAR'S SIGNATURE <b>G. E. Jenkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. Sidenfader</b>		ADDRESS <b>1802 Union St.</b>		

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

**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 Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.