

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38346

State File No. ....

FILED DEC 7 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3056 Registrar's No. 254

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 No Ault</u>		d. STREET ADDRESS <u>320 No Ault</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>S.</u> c. (Last) <u>Geisel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29 1949</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 24<sup>th</sup> 1884</u>		9. AGE (In years last birthday) <u>65</u> If UNDER 1 YEAR: Months <u>4</u> Days <u>5</u> If UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Moberly Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>Augustus Geisel</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Fox</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>703-01-1381</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl Geisel</u> ADDRESS <u>Moberly Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		DUE TO (b) <u>Hypertensive Cardio Vascular Disease</u>				<u>Several mos.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				<u>Several yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cerebral hemorrhage 3yrs ago</u>				<u>442X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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? <u>Died several minutes before I arrived.</u>	
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22. I hereby certify that I attended the deceased from 21 June, 1948, to 30 Nov, 1949, that I last saw the deceased alive on 28 Nov, 1949, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Chute, MD</u> (Degree or title) <u>O</u>		23b. ADDRESS <u>204 E North 4<sup>th</sup>, Moberly, Mo</u>		23c. DATE SIGNED <u>Dec 2<sup>nd</sup> 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 2<sup>nd</sup> 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 2 1949</u>		REGISTRAR'S SIGNATURE <u>W. D. Chute</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son</u> ADDRESS <u>Moberly Mo</u>	
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DEC 17 1949

JAN 31 1950

RECEIVED DEC 5 1949  
District Health Officer No. 10  
District File Number 12-49-202  
Date Filed DEC 5 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Frank D. DeWitt

Signed.....  
Student Embalmer

Licensed Embalmer No. 3001

P. O. Address Mobile, 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.