

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1950

State File No. 739

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 3020 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If location: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Chambers</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-St. Johns</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chambers</u>	
c. LENGTH OF STAY (in this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington Park Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Joseph GEORGE Giesing</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1950</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 2, 1884</u>	9. AGE (In years last birthday) <u>65</u> Months <u>3</u> Days <u>6</u>	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Chambers, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Giesing</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Gosen</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Giesing</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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Elizabeth Giesing</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>156 A</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary of the liver</u>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Dec 1949, to Jan 8, 1950 that I last saw the deceased alive on Jan 8, 1950 and that death occurred at 6:14 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. T. [Signature]</u>	23b. ADDRESS <u>Washington, Mo.</u>	23c. DATE SIGNED <u>1/9/50</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chambers, Missouri</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan. 10 1950</u>	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>99 [Signature] Hickory St., Sue Washington, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
3360

RECEIVED
JAN 16 1950
District Health Officer No. 9,
District File Number

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. _____

Student
Student Embalmer

Signed Lester A. Pitt
Licensed Embalmer No. 3254
P. O. Address Washington, Md.

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.