S. No. 300
v. 10.48

FILED JUL 21 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23860

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 29

**1. PLACE OF DEATH**
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 810 N. 4th St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto 0502
d. STREET ADDRESS (If rural, give location): 810 N. 4th. St.

**3. NAME OF DECEASED** (Type or Print): a. (First) Katie b. (Middle) Anna Marie c. (Last) Geib

**4. DATE OF DEATH** (Month) (Day) (Year): July 16 - 1950

**5. SEX**: F

**6. COLOR OR RACE**: W

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): W

**8. DATE OF BIRTH**: Apr. 1 - 1874

**9. AGE** (In years last birthday): 76 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife

**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home

**11. BIRTHPLACE** (State or foreign country): Jefferson Co. Mo

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Peter Ehlers

**13b. MOTHER'S MAIDEN NAME**: Carolie Wiese

**14. NAME OF HUSBAND OR WIFE**: Phillip Geib

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME**: Amelia Cooper ADDRESS: De Soto Mo

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) arteriosclerosis — yrs

DUE TO (c) Hypertension (essential) — yrs

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

332X

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☒

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* July 8, 1950, *to* July 15, 1950, *that I last saw the deceased alive on* July 15, 1950, *and that death occurred at* 5:10 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J. P. Angels M.D. **(Degree or title)**

**23b. ADDRESS**: De Soto, Mo

**23c. DATE SIGNED**: 7-18-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 7-19-50

**24c. NAME OF CEMETERY OR CREMATORY**: City

**24d. LOCATION** (City, town, or county) (State): De Soto, Mo.

**DATE REC'D BY LOCAL REG.**: 7-18-50

**REGISTRAR'S SIGNATURE**: Marie Farris

**25. FUNERAL DIRECTOR'S SIGNATURE**: J. Lee Mothershead ADDRESS: De Soto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-19-50

## 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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.