

FILED MAR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11296

1050

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

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6181 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural--Penn Twp.		c. LENGTH OF STAY (in this place) 4 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Two mi. N.W. Green City		d. STREET ADDRESS (If rural, give location) No Street address	
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Truman c. (Last) Geosling			4. DATE OF DEATH (Month) (Day) (Year) Mar. 15, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1888
9. AGE (In years last birthday) 62		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Harmon C. Geosling		13b. MOTHER'S MAIDEN NAME Missouri Baldridge	14. NAME OF HUSBAND OR WIFE Rose May Geosling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leon Geosling, Green City, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatitis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 1, 1949 , to March 11, 1951 , that I last saw the deceased alive on March 11, 1951 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. D. Smith D.O.		23b. ADDRESS Green City Mo	23c. DATE SIGNED March 17 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 18 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
		24d. LOCATION (City, town, or county) (State) Green City, Mo.	
DATE REC'D BY LOCAL REG. March 29, 1951		REGISTRAR'S SIGNATURE Laura M. Palkett	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent Son, Green City, Mo.

MAR 28 1951

Date Received: MAR 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-27-6
Date Filed: MAR 27 1951

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.