

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43700**

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 244

0772

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Marshall, Mo.</u> c. LENGTH OF STAY (In this place) <u>15 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>107 North Lafa yette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Marshall</u> d. STREET ADDRESS (If rural, give location) <u>107 North Lafayette</u>		
3. NAME OF DECEASED a. (First) <u>Arthur</u> b. (Middle) <u>William</u> c. (Last) <u>Geist</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 13-1889</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>17</u> IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant-Kept Books for Merchants</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chicago, Illinois</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles John Geist</u> 13b. MOTHER'S MAIDEN NAME <u>Sophia Moering</u> 14. NAME OF HUSBAND OR WIFE <u> - - - - - -</u>			
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> - - -</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theodore W. Geist-Parkville, Mo.</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> - - -</u> DUE TO (c) <u> - - -</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>2 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>	
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?	
22. I hereby certify that I attended the deceased from <u>Dec 17, 1949</u> , to <u>Dec 30, 1951</u> , that I last saw the deceased alive on <u>Dec 27, 1951</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Gray, M.D.</u> (Degree or title)			23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>12-31-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Dec. 31-1951</u>		REGISTRAR'S SIGNATURE <u>Sidney F. Gray</u> <u>3850</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lealie Burdette-Marshall, Mo.</u> ADDRESS	

RECEIVED JAN 8 1932

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed APR 2 1932

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 J. Leslie Sweeney
Licensed Embalmer No. 3235

P. O. Address Marshall, 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.