

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17096

State File No. ....

FILED MAY 26 1952

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

BIRTH NO. 30287 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alma</u>	
c. LENGTH OF STAY (in this place) <u>4 hrs 30 min</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 2 miles west</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> (Middle) <u>Allen</u> c. (Last) <u>Gieselman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 - 1952</u>	
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>5-4-1952</u>
9. AGE (in years last birthday) <u>0</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>9</u> Min. <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lambert Gieselman</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Rinne</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lambert Gieselman</u>		ADDRESS <u>Alma, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis</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 <u>7620</u>	
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)			
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>5-4</u> , 1952, to <u>5-4</u> , 1952, that I last saw the deceased alive on <u>5-4</u> , 1952, and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Cunningham M.D.</u>		23b. ADDRESS <u>Higginsville, Mo.</u>	
23c. DATE SIGNED <u>5-5-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-5-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-20-52</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Eastman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy F. Wiest</u>		ADDRESS <u>Higginsville, Mo</u>	

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 Roy J. Wegner

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.