

FILED FEB 3 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2511

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5931 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lake Creek 6740</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lake Creek</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>7 miles S of Smithton</u>			

3. NAME OF DECEASED (Type or Print) <u>Herman C Gieschen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 1-1925</u>		9. AGE (In years last birthday) <u>27</u> Months <u>1</u> Days <u>19</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Pettis Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>John E Gieschen</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hobbs</u>		14. NAME OF HUSBAND OR WIFE <u>Ella</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>John E Gieschen Smithton</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>few months</u>
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardio-Vascular-Renal disease</u>			<u>unk</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>			
		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) <u>Smithton MO</u>	
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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 1 Nov 1952, to Jan 25, 1953, that I last saw the deceased alive on Jan 25, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. V. Siegel MD</u> (Degree or title)		23b. ADDRESS <u>Smithton MO</u>		23c. DATE SIGNED <u>1/27/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Smithton Pettis MO</u>		
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DATE REC'D BY LOCAL REG. <u>1-27-1953</u>		REGISTRAR'S SIGNATURE <u>C. J. Campbell MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. F. Neumeier Smithton MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

800
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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.

Signed A. F. Heuninger

Signed.....

Student Embalmer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.