

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 10

311

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hermann</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hermann</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2nd &amp; Market Sts</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 E. First St</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HAYDEN</u>	b. (Middle) <u>ERNEST</u>	c. (Last) <u>GEIGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19 1953</u>
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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>Mar. 24, 1914</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Defense</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hermann Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
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13a. FATHER'S NAME <u>Ernest Geiger</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Kast</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Geiger</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>488-05-5270</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bdna Geiger, Hermann, Mo</u>	ADDRESS <u>Hermann, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>  <u>39 yrs</u>  <u>6 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Relat. Cong. poly cystic kidney</u> DUE TO (c) <u>Hypertension, anemia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7571</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 5-1-, 1950, to 2-19, 1953, that I last saw the deceased alive on 2-19, 1953, and that death occurred at 9:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carol T. Shen, M.D.</u>	23b. ADDRESS <u>Hermann, Mo.</u>	23c. DATE SIGNED <u>2-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/25/1953</u>	REGISTRAR'S SIGNATURE <u>Harvey Wallace</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>August Deuser</u>	ADDRESS <u>Hermann, Mo</u>
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MAR 25 1953

MAR 13 1953

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 \_\_\_\_\_

Licensed Embalmer No. 3160

P. O. Address Hefmann, 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.