

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4640**
Registrar's No. **322**

FILED MAR 8 1954
BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023**

4222

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Clinton		c. CITY OR TOWN Clinton	
c. LENGTH OF STAY (in this place) 1 hr		d. STREET ADDRESS (If rural, give location) 300 N. Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			

3. NAME OF DECEASED (Type or Print) Harvey I Geahart	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1954
---	------------	-------------	-----------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 29, 1872	9. AGE (In years last birthday) 82	If UNDER 1 YEAR Months Days	If UNDER 2 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Implement	10b. KIND OF BUSINESS OR INDUSTRY Dealer	11. BIRTHPLACE (City and State or Foreign Country) Henry Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	--	--

13a. FATHER'S NAME Theodore Geahart	13b. MOTHER'S MAIDEN NAME Sarah Burnsides	14. NAME OF HUSBAND OR WIFE Eunice Geahart
--	--	---

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. 495-36-6821A	17. INFORMANT'S SIGNATURE OR NAME Eunice Geahart	ADDRESS Clinton
--	---	---	------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardia - vascular disease		
	DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS : Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) None	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 **1845**, to **Feb 26**, 19**54**, that I last saw the deceased alive on **Feb 26**, 19**54**, and that death occurred at **3 1/2** p.m., from the causes and on the date stated above.

23a. SIGNATURE S. B. Hughes M.D. (Degree or title)	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED Feb 27 1954
---	----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 28 1954	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton, Mo.
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. Feb 28-54	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conahan	ADDRESS Clinton, Mo.
---	---	---	-----------------------------

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 Eugene R. Conovalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.