

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **7773**

BIRTH NO. **FILED APR 5 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **331**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Buchanan</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Buchanan</b>
c. LENGTH OF STAY (in this place) <b>65 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2801 So. 19th St.</b>		d. STREET ADDRESS (If rural, give location) <b>2801 So. 19th St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>BELLE</b>	b. (Middle) <b>ANNETTA</b>	c. (Last) <b>GEILER</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 20, 1954</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 12, 1885</b>	<b>9. AGE</b> (In years last birthday) <b>68</b>	<b>10. UNDER 1 YEAR</b> Months Days	<b>11. UNDER 24 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Willow Brook, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Ed Meyers</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Highland</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Arthur H. Geiler</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. Arthur H. Geiler, St. Joseph, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. <b>DUE TO (b) Hypertension &amp; Arteriosclerosis</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>8 yrs.</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE. HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** May 26, 1946 **to** Mar 20, 1954, **that I last saw the deceased alive on** Mar 19, 1954, **and that death occurred at** 11:30 am., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Dr. John Hartsock</i>	(Degree or title)	<b>23b. ADDRESS</b> <b>926 Edmond St., City</b>	<b>23c. DATE SIGNED</b> <b>3-22-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Mar 22, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bethel Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Near DeKalb, Mo. Buchanan County, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Mar 27, 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Kathleen M. Allison</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Meris Hoffman Sherman</i>	<b>ADDRESS</b> <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 *Raymond W. Merhead*

Licensed Embalmer No. *4413*

P. O. Address *Joseph 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.