

FILED OCT 13 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32838

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY OR TOWN Nevada	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital		f. STREET ADDRESS (If rural, give location) 115 West Ashland / 108 2	

3. NAME OF DECEASED (Type or Print) Glen	a. (First)	b. (Middle)	c. (Last) Geer	4. DATE OF DEATH (Month) (Day) (Year) September 29 1954
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 5, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) McDonough Co., Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Reece Geer	13b. MOTHER'S MAIDEN NAME Mattie Anna Anstine	14. NAME OF HUSBAND OR WIFE -----
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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)	16. SOCIAL SECURITY NO. 497-12-4251	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Roy	ADDRESS 115 West Ashland Nevada, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 17 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shotgun wound left abdomen		
	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. E976 X			

19a. DATE OF OPERATION Sept 28 1954	19b. MAJOR FINDINGS OF OPERATION Lacerations of spleen & left kidney, destruction of left colon, Fracture anterior crest left ileum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NEVADA VERNON MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 28 1954 3:15 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted with 12 gauge shotgun
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22. I hereby certify that I attended the deceased from **Sept 28, 1954** to **Sept 29 1954**, that I last saw the deceased alive on **Sept 29, 1954**, and that death occurred at **8:35am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James J. Pascoe M.D.	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED Oct 8 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 1, 1954	24c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery	24d. LOCATION (City, town, or county) (State) Nevada Missouri
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DATE REC'D BY LOCAL REG. 10-9-'54	REGISTRAR'S SIGNATURE Anna & Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home	ADDRESS Nevada, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....
L. Douglas Ferry

Licensed Embalmer No...*496*

P. O. Address *Newbury, N.H.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.