

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38089

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>5811</u>		Registrar's No. _____								
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Montgomery</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery Twp</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY OR TOWN <u>Montgomery City</u>		d. Is residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>CR 40</u>				0700						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Mary Susan</u>			b. (Middle) <u>Geeting</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec 5 1869</u>			9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph Co Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James F. Walden</u>				13b. MOTHER'S MAIDEN NAME <u>Brewer</u>				14. NAME OF HUSBAND OR WIFE <u>Dec. A.W. Geeting Montgomery C</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Canlon</u>				ADDRESS <u>Montgomery City Mo.</u>						
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>						
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</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 <u>4500</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
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)										
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?										
22. I hereby certify that I attended the deceased from <u>Nov 1</u> , 19 <u>54</u> , to <u>Nov 15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 15</u> , 19 <u>54</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <u>Willis H. Walls D.D.</u>				23b. ADDRESS <u>Wallerille mo</u>				23c. DATE SIGNED <u>11/16/54</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 17 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Benton City</u>		24d. LOCATION (City, town, or county) (State) <u>Benton City Mo.</u>								
DATE REC'D BY LOCAL REG. <u>11-16-54</u>		REGISTRAR'S SIGNATURE <u>James Callaway</u>			500-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Almond G. Jones Bellflower Mo</u>			ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

