

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4798

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 590

1. PLACE OF DEATH
a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township)
KANSAS CITY

c. CITY OR TOWN **KANSAS CITY**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL** STREET ADDRESS **3503 1/2 EAST 27th** (If rural, give location)

3. NAME OF DECEASED
a. (First) **HARRY** b. (Middle) **A.** c. (Last) **GEISINGER**

4. DATE OF DEATH **February 7, 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **September 20, 1892**

9. AGE (In years last birthday) **62** 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) **Clerk**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **David Geisinger**

13b. MOTHER'S MAIDEN NAME **Ida Graham**

14. NAME OF HUSBAND OR WIFE **Bessie**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **Yes WWI**

16. SOCIAL SECURITY NO. **496 05 9177**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **VA Hospital Official Records, K.C. Mo.**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Massive postoperative hemorrhage & shock.**
ANTECEDENT CAUSES
DUE TO (b) **Esophagogastrectomy**
DUE TO (c) **Carcinoma of esophagus**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **4 hours**

150+

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **Carcinoma of esophagus**

20. AUTOPSY? YES NO

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) **VA**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 14, 1955**, to **Feb. 7, 1955**; and that death occurred at **9:05P m.**, from the causes and on the date stated above.

23a. SIGNATURE **Hobart M. Proctor**

23b. ADDRESS **VA Hospital, Kansas City, Mo.**

23c. DATE SIGNED **2/8/55**

24a. BURIAL CREMATION, REMOVAL (Specify)

24b. DATE **FEB. 10, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Forest Hill Cem., Kansas City, Missouri**

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **2-9-55** REGISTRAR'S SIGNATURE **Wesley Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **W. W. W. ... 1351 ...**

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.....
Rollie Kessel

Licensed Embalmer No. *469*

P. O. Address *K.C.M.*

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.