

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7623

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 108 McKinley		d. STREET ADDRESS (If rural, give location) 108 McKinley	
3. NAME OF DECEASED (Type or Print) Frank Theodore Giesing			4. DATE OF DEATH March 19, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 28, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Janitor		10b. KIND OF BUSINESS OR INDUSTRY Jack Hobbs	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and State or Foreign Country) Chamois, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Giesing		13b. MOTHER'S MAIDEN NAME Caroline Gosen	14. NAME OF HUSBAND OR WIFE Mayme Giesing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no		16. SOCIAL SECURITY NO. 490-09-4024-A	17. INFORMANT'S SIGNATURE OR NAME Mrs Mayme Giesing
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) Coronary Thrombosis acute sudden 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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) m.	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 3-19-1955, to 3-19-1955, that I last saw the deceased alive on 3-19-1955, and that death occurred at 6:45 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Kendall A. Clark, M.D.		23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 3/21/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	24d. LOCATION (City, town, or county) (State) Hartsburg, Mo.
DATE REC'D BY LOCAL REG. Mar 23-55	REGISTRAR'S SIGNATURE R. P. Davidson	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Victor Breach Jefferson City	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

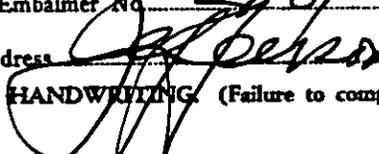
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3701

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.