

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2027

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 4320 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Palmyra	c. LENGTH OF STAY (in this place) 19 yrs.	c. CITY OR TOWN Palmyra	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 309 West Ross St.		STREET ADDRESS (If rural, give location) 309 West Ross St.	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Benton	c. (Last) Geer	4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 28 Sept. 1861	9. AGE (In years last birthday) 94 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) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) New Philadelphia, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME DeForest Geer	13b. MOTHER'S MAIDEN NAME Marie Affolter	14. NAME OF HUSBAND OR WIFE Wilhelmina Geer
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Powell, Quincy, Illinois
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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 Immediately
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Stand still.		
	ANTECEDENT CAUSES Morbidity 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Thurs 1955, to Jan 31, 1956, that I last saw the deceased alive on 15 Jan, 1956, and that death occurred at 8:15 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wright Hamlin M.D.	23b. ADDRESS Palmyra Mo.	23c. DATE SIGNED 4 Feb 1956
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 2 Feb. 1956	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Palmyra, Missouri
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DATE REC'D BY LOCAL REG. 2-7-56	REGISTRAR'S SIGNATURE Dr. E. M. Lusk	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Hamlin Brothers Palmyra, Mo.
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(License of Funeral Director Statement on Reverse Side)

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

RECEIVED FEB 11 1956
MARION CO. HEALTH DEPT.
DATE FILED FEB 11 1956

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.....
Licensed Embalmer No. 4851

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