

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 4515

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 182	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, write RURAL and give township) Windsor				c. CITY (If outside corporate limits, write RURAL and give township) Stover			
c. LENGTH OF STAY (in this place) 7 months				d. STREET ADDRESS (If rural, give location) Stover, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeview Rest Home				0710			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) F.		c. (Last) Geary	
4. DATE OF DEATH		(Month) Feb.		(Day) 10		(Year) 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 5, 1875		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Service Sta.		11. BIRTHPLACE (State or foreign country) Zora, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles W. Geary		13b. MOTHER'S MAIDEN NAME Nancy Brown		14. NAME OF HUSBAND OR WIFE Della Geary			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.W. Geary Stover, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis 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.				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR?	
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 Jan 1, 1956, to Feb 10, 1956, that I last saw the deceased alive on Feb 10, 1956, and that death occurred at 10:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ray G. Jordan M.D.				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 2-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 12, 1956		24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery		24d. LOCATION (City, town, or county) (State) Stover, Mo.	
DATE REC'D BY LOCAL REG 2-14-56		REGISTRAR'S SIGNATURE Mildred Begum		F. FUNERAL DIRECTOR'S SIGNATURE J. L. Stearns		ADDRESS Stover, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

1 AUG 22 1958

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 _____

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Mo.

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.