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

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19958

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5298 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Clinton, Lafayette, Twp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3½ Mi N.E. Gower, Mo
c. LENGTH OF STAY (In this place) 4 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) In lake 3½ Mi N.E. Gower Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clinton
c. CITY OR TOWN Gower,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) not given

625 0

3. NAME OF DECEASED (Type or Print)
a. (First) Richard
b. (Middle)
c. (Last) Geiler

4. DATE OF DEATH (Month) (Day) (Year) June 20th 1956

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0
8. DATE OF BIRTH July 14th 1951
9. AGE (In years last birthday) 4 Yrs — 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) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri. 0
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Herbert Geiler
13b. MOTHER'S MAIDEN NAME Virginia Corum
14. NAME OF HUSBAND OR WIFE ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mr. & Mrs. Herbert Geiler, Gower, Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
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: immediate

9291

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 42
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
21c. (CITY, TOWN, OR TOWNSHIP) Lafayette Twp. (COUNTY) 23 Clinton (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 20 1956 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Children ran off to swim with others in pond

22. *I hereby certify that I ~~attended~~ the deceased from* X, 19__, *to* June 20, 1956, *that I ~~last saw the deceased alive on~~* _____, 19__, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. P. Templeman D.O. Clinton Co. Coroner 3
23b. ADDRESS Cameron Mo
23c. DATE SIGNED 6-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)
24b. DATE June 22-1956
24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
24d. LOCATION (City, town, or county) (State) Near DeKalb, Mo.

DATE REC'D BY LOCAL REG. June 23-1956
REGISTRAR'S SIGNATURE Elizabeth Scearce
25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer Fleeman Inc. ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond H. Moren

Licensed Embalmer No. 4413

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.