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FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31813

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fenne Osage Rural
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fenne Osage Rural
d. STREET ADDRESS (If rural, give location) R.R. Augusta Mo 0920

3. NAME OF DECEASED (Type or Print)
a. (First) ROY
b. (Middle) B.
c. (Last) GEIGER

4. DATE OF DEATH (Month) (Day) (Year) Sept 15 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Mar. 18-1900
9. AGE (In years last birthday) 56 — 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) Railroad M.K.&T. RR
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Sedalia Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Geiger
13b. MOTHER'S MAIDEN NAME Kritzman
14. NAME OF HUSBAND OR ~~WIFE~~ Laura Geiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 489-18-1724
17. INFORMANT'S SIGNATURE OR NAME Mrs Laura Geiger Augusta Mo R.R.

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) Self inflicted gunshot wound of the head.

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 976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Deceased Home
21c. (CITY, TOWN, OR TOWNSHIP) Augusta (COUNTY) St. Charles (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 15 1956
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted gunshot wound.

held an inquest on September 17, 1956

22. *I hereby certify that I ~~attended the deceased from~~ _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Marvin Marchang (Degree or title) Coromer
23b. ADDRESS Wentzville, Missouri
23c. DATE SIGNED 9/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 18-56
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) Augusta Mo (State)

DATE REC'D BY LOCAL REG. Sept 18, 1956
REGISTRAR'S SIGNATURE Mrs Viola Fluesmeier.
25. FUNERAL DIRECTOR'S SIGNATURE Olie Thalking **ADDRESS** Augusta Mo

(Licensed Embalmer's Statement on Reverse Side)

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, _____
Student Embalmer

Signed Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Winfield,

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

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