

FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40253**BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6078** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY STE GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE GENEVIEVE	
b. CITY OR TOWN JACKSON TOWNSHIP		c. CITY OR TOWN FESTUS, MO.	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) R. R. # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0900	

3. NAME OF DECEASED a. (First) JOSEPHINE b. (Middle) — c. (Last) GEILER			4. DATE OF DEATH (Month) (Day) (Year) DEC. 3 1956		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 30, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) STE GENEVIEVE Co., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ANDREW SEWALD	13b. MOTHER'S MAIDEN NAME MARY CHERLE	14. NAME OF HUSBAND OR WIFE DECEASED
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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 AMOS A. GEILER SR. R.R. #1	ADDRESS FESTUS, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease		
	ANTECEDENT CAUSES Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension		
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. 443.X			

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)	21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 2, 1944** to **Aug 14, 1956** that I last saw the deceased alive on **Aug 17, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Estelma Dyer	(Degree or title)	23b. ADDRESS Festus Mo	23c. DATE SIGNED 12/4/56
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24a. BURIAL, CREMATION, REMOVAL removal	24b. DATE 12/5/56	24c. NAME OF CEMETERY OR CREMATORY LAWRENCTON CEMETERY	24d. LOCATION (City, town, or county) (State) LAWRENCTON MO.
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DATE REC'D BY LOCAL REG. 12/5/56	REGISTRAR'S SIGNATURE Luella Barber	25. FUNERAL DIRECTOR'S SIGNATURE James R. Cady	ADDRESS CRYSTAL CITY, MO.
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(Licensed Embalmer's Signature on Reverse Side)

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

No. 300
10-48

0250

481-0

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 *James Richard Cady*
Licensed Embalmer No. *430*
P. O. Address *CRYSTAL C.*

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.