

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16410**

FILED MAY 27 1957

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>301e</u>		Registrar's No. <u>278</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau Mo</u>		c. LENGTH OF STAY (In this place) <u>3 Wks</u>		c. CITY OR TOWN <u>Silver Lake</u>		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 <u>St. Francis Hospt.</u>				e. STREET ADDRESS (If rural, give location) <u>0790</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>L.</u> c. (Last) <u>Geile</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>15</u> (Year) <u>1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 30 1872</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Madison County, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Theodore Geile</u>		13b. MOTHER'S MAIDEN NAME <u>Elizetta Weingler</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Doll Geile</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Geile, Silver Lake Mo</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>177X.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1) Arteriosclerosis of heart & vessels</u> <u>2) Adenocarcinoma of prostate</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
19a. DATE OF OPERATION <u>4-29-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatic obstruction - Pathology report - Carcinoma</u>					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>4-24</u> ^{<u>1957</u>} to <u>5-15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-15</u> , 19 <u>57</u> , and that death occurred at <u>2:50</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>L. A. Seabaugh, M.D.</u>				23b. ADDRESS <u>219 N. Pacific Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>5-22-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Silver Lake 8 Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-23-57</u>		REGISTRAR'S SIGNATURE <u>G. C. Sumner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo</u>				

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

44-0

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 *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

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