

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 1 6 7 7  
STATE FILE NUMBER

FILED JUL 12 1957

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 68

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <b>Oklahoma</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Lexington, Missouri</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hooker</b> 8350 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital 2 da.</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>202 Lorenz</b>
3. NAME OF DECEASED (Type or print) First <b>August</b> , Middle <b>William</b> , Last <b>Gieselman</b>		4. DATE OF DEATH Month <b>6</b> Day <b>4</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3/11/1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wage</b>	9. AGE (In years last birthday) <b>72</b>
11. BIRTHPLACE (City and state or country) <b>Alma, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A.</b>	
13. FATHER'S NAME <b>William Gieselman</b>		14. MOTHER'S MAIDEN NAME <b>Louise Koch</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Martha Gieselman</b>		Address <b>202 Lorenz Hooker, Oklahoma</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Hemorrhagic Pancreatitis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>5870</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from <b>6-2-57</b> to <b>6-4-57</b> and last saw her/him alive on <b>6-4-57</b> Death occurred at <b>3:53</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Alfred H. Bremer, M.D.</b>		(Degree or title)	22b. ADDRESS <b>Hesperia, Mo.</b>
22c. DATE SIGNED <b>6-4-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 7, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hooker, Texas, Oklahoma</b>
24. FUNERAL DIRECTOR <b>Alfred H. Bremer</b>		ADDRESS <b>Alma, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-11-1957</b>
		26. REGISTRAR'S SIGNATURE <b>Minnie E. Tullharts</b>	

Texas

Oklahoma

Lafayette

x

Hooker

x

Lexington, Missouri

JUL 12 1957

x

1957

SOS

Memorial Hospital

Geelman

August, William

x

White

Male

SS

3/1/55

Female

U S A

Alma, Missouri

Louise Koch

Geelman

William

SOS

Martha Geelman

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed *Alfred H. Press*

Licensed Embalmer No. 269

P. O. Address Alma, Mo.

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

Alma, Missouri