

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011651
STATE FILE NUMBER

FILED APR 3 1958
XC 2880785
BL 4249

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3476

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1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		c. CITY OR TOWN <u>CATAWISSA, MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LET ADM HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>31 UNK</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK C. GEATLEY</u>			4. DATE OF DEATH Month Day Year <u>MARCH 24, 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-22-94</u>	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months Days Hours Min.	

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 <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>CATAWISSA, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JOHN GEATLEY</u>	13b. MOTHER'S MAIDEN NAME <u>BRIDGETT BARRETT</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA BELLE GEATLEY</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>	16. SOCIAL SECURITY NO. <u>488-26-1577</u>	17. INFORMANT <u>VA HOSP RECORDS 915 N. GRAND, ST. LOUIS, MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH YEARS <u>=</u>
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		
DUE TO (c) <u>-</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MYELOFIBROSIS</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>NONE</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>1</u>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING <input checked="" type="checkbox"/> 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 <u>VAH, ST. LOUIS, MO.</u>	COUNTY	STATE
21. I attended the deceased from <u>3-10-58</u> to <u>3/24/58</u> and last saw ^{him} alive on <u>3/24/58</u> Death occurred at <u>2:25 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Leo T. New, M.D.</u>	22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	22c. DATE SIGNED <u>3/24/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>3/27/58</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>St. Columbskill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Byrnesville Mo.</u>
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24. FUNERAL DIRECTOR <u>Grimmer-Tuill Home</u>	ADDRESS <u>Home</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 26 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Horner W. Jent*

Licensed Embalmer No. *3882*
P. O. Address *St. Louis*

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.