

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020800

STATE FILE NUMBER

FILED JUN 20 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ladonia Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital			Length of stay in 1b 13 days		d. STREET ADDRESS (If outside, give location) 64 S. M. of Ladonia,		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Henry John Gieseker				4. DATE OF DEATH Month 6 Day 6 Year 1958				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-8-1876		
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		100. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Audrain County, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Gieseker				14. MOTHER'S MAIDEN NAME Annie Westenhoff		
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 Address Joe Gieseker Waverlyville, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Bladder (Urinary) DUE TO (b) _____ DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH Weeks								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerosis								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. _____ Month, Day, Year _____								
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 May 24-58 , to June 6-58 and last saw him alive on June 6-58 . Death occurred at 04:00 m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Harold D. Emergent MD				22b. ADDRESS Mexico Mo		22c. DATE SIGNED 6-8-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-8-1958		23c. NAME OF CEMETERY OR CREMATORY Ladonia Cemetery		23d. LOCATION (City, town, or county) (State) Ladonia, Missouri		
24. FUNERAL DIRECTOR ADDRESS Wilbur Binkoff Ladonia, Mo.				25. DATE RECD. BY LOCAL REG. June 8-1958		26. REGISTRAR'S SIGNATURE Blanche Keely		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

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SEP 25 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clyde C. Wilkey*.....

Licensed Embalmer No. 38.....

P. O. Address *Perry*.....

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.