

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035526  
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1099

S. 300  
P. 1-57

4

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Buchanan							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkview Nursing H.			Length of stay in lb 75yrs		0117 STREET ADDRESS 2801 So 19th		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Arthur Henry Geiler				4. DATE OF DEATH Month Day Year Oct. 13, 1958							
5. SEX male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 14, 1877		9. AGE (In years last birthday) 80			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Butcher		10b. KIND OF BUSINESS OR INDUSTRY Seitz Packing		11. BIRTHPLACE (City and state or country) Omaha Nebraska			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Herman Geiler			13b. MOTHER'S MAIDEN NAME Minnie ?			14. NAME OF HUSBAND OR WIFE deceased					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no			16. SOCIAL SECURITY NO. no		17. INFORMANT Julius Geiler, Agency Mo				Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial								INTERVAL BETWEEN ONSET AND DEATH			
Conditions; if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis (general)		DUE TO (c) 4221		10yrs.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had 2 Hemiplegias								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 Month, Day, Year a.m. p.m.											
20d. INJURY OCCURRED WHILE AT <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 9-4-58, to 10-13-58 and last saw him alive on 9-4-58 Death occurred at 7:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Dr. John Hartsock D.O.				22b. ADDRESS 926 Edmond				22c. DATE SIGNED 10-14-58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)			(State)	
Burial		10/15/58		Bethel Cemetery			St. Joseph, Mo				
24. FUNERAL DIRECTOR J. Rupp			ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Oct. 14, 1958		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell				

Dr. John Hartsock  
All diseases in Part I must be causally related.  
Do not use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *John E. Rupp* .....  
Licensed Embalmer No. *3986* .....  
P. O. Address *St. Joseph* .....

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.