

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037337

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 274

Primary Registration District No. 4408

Registrar's No. 398

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Colorado</u> b. COUNTY <u>Grand</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithton, Mo</u>		c. CITY OR TOWN <u>Granby</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Smithton, Mo</u>		STREET ADDRESS (If outside, give location) <u>805<sup>d</sup> 3</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Philip Geminder</u>			4. DATE OF DEATH Month Day Year <u>10-16-1958</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>7-22-1877</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker - Mo. Lumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad (Electric)</u>		11. BIRTHPLACE (City and state or country) <u>Jamestown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Henry Geminder</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Margaret Hoffman</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn Geminder</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>Lost</u>		17. INFORMANT <u>Mrs. Francis Becke - Smithton, Mo</u>		

18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crown Aneurysm - Myocardial Infarction</u>		INTERVAL BETWEEN ONSET OF DEATH <u>5 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerotic C-V disease</u>	
	DUE TO (c) <u>4201</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <u>10-14-58</u> to <u>10-16-58</u> and last saw him alive on <u>10-14-58</u> Death occurred at <u>9:00 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>PT Siegel MD</u>	22b. ADDRESS <u>Smithton Mo</u>	22c. DATE SIGNED <u>10/19/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-19-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
24. FUNERAL DIRECTOR <u>A. F. Neumyer</u>	ADDRESS <u>Smithton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>October 19, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 8 1958

NOV 8

MAY 7 1961

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: [Handwritten Signature]

Licensed Embalmer No. 1224

P. O. Address [Handwritten Address]

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.