DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–029573
STATE FILE NUMBER

FILED AS SEP 3 1959 159 Registration District No. _____ Primary Registration District No. 4249 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO MO — Length of stay in 1b: 10 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CEDAR GROVE HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY JEFFERSON
c. CITY OR TOWN ARNOLD MO — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ARNOLD RURAL ROUTE — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: JOHN Middle: HENRY Last: GEITZ
4. DATE OF DEATH Month: AUG. Day: 30 Year: 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: MAR 14 1885
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (City and state or country): BECK MO
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: JOHN GEITZ
13b. MOTHER'S MAIDEN NAME: CHRISTINA AUERBECK
14. NAME OF HUSBAND OR WIFE: SINGLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: KATIE VOGT Address: ARNOLD MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 Mo.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March, 1956, to Aug 30, 1959 and last saw her/him alive on Aug. 29, 1959
Death occurred at 9 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert J Sanders (Degree or title) M D
22b. ADDRESS 1502 Cara Av
22c. DATE SIGNED 9-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT 2, 1959
23c. NAME OF CEMETERY OR CREMATORY: BECK LUTHERAN
23d. LOCATION (City, town, or county) (State): BECK MO
24. FUNERAL DIRECTOR: HEILIGTAG ADDRESS: IMPERIAL MO
25. DATE RECD. BY LOCAL REG.: 9-2-59
26. REGISTRAR'S SIGNATURE: Oletis Bivadier, Aga

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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