

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016031

FILED VS MAY 5 1960
 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 67

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp.		Length of stay in 1b 4 days		c. CITY OR TOWN Troy		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #5		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Egbert Middle Depue Last Geeding				4. DATE OF DEATH Month April Day 27 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/29/92		9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (City and state or country) Calhoun Co., Ill.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Simon Geeding				13b. MOTHER'S MAIDEN NAME Annie Seidler				14. NAME OF HUSBAND OR WIFE Letha					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no None				16. SOCIAL SECURITY NO.		17. INFORMANT Address James Geeding, Troy, Missouri.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH 4 days unkno.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 1958 to 4/27/60 and last saw ^{her} him alive on 4/27/60 Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Paul Berry (Degree or title)				22b. ADDRESS Troy, Mo.				22c. DATE SIGNED 5/4/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/30/60		23c. NAME OF CEMETERY OR CREMATORY St Peters Cem.			23d. LOCATION (City, town, or county) St Charles, Missouri						
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 5-3-1960		26. REGISTRAR'S SIGNATURE Charlotte Leek					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0361 - 9 AMM SA

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Joseph T. Marsh, Jr., Student Embalmer No. 59

working under my personal supervision.

Student Joseph J. Marsh, Jr.
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address TROY, MO

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