

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047239

ED VS JAN 3 1961

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 515 STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doe Run</u>		Length of stay in 1b		c. CITY OR TOWN <u>Doe Run</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>Arnold</u> Last <u>Geiser</u>				4. DATE OF DEATH Month <u>December</u> Day <u>29</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/18/1947</u>	9. AGE (last birthday) <u>13</u>	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) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Elvins, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Charles E. Geiser</u>			13b. MOTHER'S MAIDEN NAME <u>Tressa Bartley</u>		14. NAME OF HUSBAND OR WIFE		
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>none</u>		17. INFORMANT <u>Tressa Pritchett, Doe Run, Mo.</u> 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) <u>Medullary Paralysis + coma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Toxic encephalopathy -</u>						<u>18 hr.</u>	
DUE TO (c) <u>Vomiting + diarrhea</u>						<u>48 hr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chr. malnutrition</u>					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		
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 <u>Dec 28, 1960</u> to <u>12-29-60</u> and last saw ^{HER} him alive on <u>12-28-60</u> Death occurred at <u>4:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. Keuloe MD</u> (Degree or title)				22b. ADDRESS <u>Farmington Mo.</u>		22c. DATE SIGNED <u>12-30-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Jan 1, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pendleton Cemetery</u>		23d. LOCATION (City, town, or county) <u>Doe Run, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Miller Funeral Home, Farmington, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 30, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 1 1 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No: 4120

P. O. Address Farmington

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.