

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8381**
Registrar's No. **19**

Registration District No. **82** Primary Registration District No. **3017**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **COOPER**

(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **one day**
(Specify whether years, months or days)

In this community **25 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER** **27**

(c) City or town **BOONVILLE (RURAL)**
(If outside city or town limits, write "RURAL")

(d) Street No. **10 MILES SOUTH**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **OLIVER EUGENE GEIGER**

3. (b) If veteran, name war **WORLD WAR II**

3. (c) Social Security No. **NONE**

4. Sex **MALE** () 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **NORMA BERSE GEIGER**

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **JULY 18 1919**
(Month) (Day) (Year)

8. AGE: Years **27** Months **6** Days **25** If less than one day hr. min.

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARMING**

MOTHER FATHER

12. Name **GEORGE GEIGER**

13. Birthplace **BOONVILLE MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **DORA HOFLANDER**

15. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **GEORGE GEIGER**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **2/15/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BILLINGSVILLE, MO.**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE, MO.**

19. (a) **2-13-47** (b) **W. S. Cooper**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **12th**
year **1947** hour **12:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Feb-11 1947 to Feb-12 1947**
that I last saw him alive on **Feb-12 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death:

1. Cerebral Convulsion 1 day

2. Immersion 1 day

Due to **Tractor Accident. For tractor he was driving ran off a culvert falling into frozen water. He fell under tractor. He was under it + water about 1 minute.**

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Other conditions **Under tractor. He was under it + water about 1 minute.**
(Include pregnancy within 3 months of death)

Major findings: **175A-8**

Of operations **massive pulmonary edema**

Of autopsy **Elevated hemoglobin**

PHYSICIAN **Underline the cause to which death should be charged statistically.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 27**

(b) Date of occurrence **Feb 11, 1947**

(c) Where did injury occur? **near Boonville Co. Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on road to farm.

While at work? **Yes** (Specify type of place) **Tractor**
(e) Means of injury **accident**

23. Signature **W. S. Starn** (M. D. or other) **1947**
Address **Boonville Mo** Date signed **Feb 13 1947**

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed 3-20-47

APR 30 1947

JUL 1 1947

AUG 25 1947

MAR 25 1947

MAR 24 1947

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

HARRY E. MONROE

Registered Apprentice No. 485

working under my personal supervision.

Signed

James W. Segner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE, MO.

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 this body is not embalmed, fact should be so stated above.