

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22596

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>751</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Buchanan</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		!!	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2923 Sherman Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>2923 Sherman Ave.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Charles</u>	b. (Middle) <u>Arthur</u>	c. (Last) <u>Geedles</u>	(Month) <u>July</u>	(Day) <u>4</u>	(Year) <u>1949</u>	male	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>May 24 1878</u>	9. AGE (In years last birthday) <u>71</u>	If under 1 Year <u>1</u>	If under 1 Month <u>1</u>	If under 1 Day <u>10</u>	If under 1 Hour <u></u>	If under 1 Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work when doing most of working time, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plymouth Co. Co.</u>		11. BIRTH PLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Geedles</u>		13b. MOTHER'S MAIDEN NAME <u>Helena Hayward</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Etta Geedles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles A. Geedles, Jr.</u>		ADDRESS <u>St. Joseph</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia RT.</u>			
*This does not mean the mode of dying, such as heart failure, asthenia; etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u>			
				DUE TO (c) <u></u>			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1 July</u> , 1949, to <u>4 July</u> , 1949, that I last saw the deceased alive on <u>1 July</u> , 1949, and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. Owen Young M.D.</u>				23b. ADDRESS <u>405 State Bldg. St. Joseph Mo.</u>		23c. DATE SIGNED <u>6 July 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/7/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 7, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wolfe-Brown</u>		ADDRESS <u>19 S. 10th St. St. Joseph Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>None</u>							

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Dr. E. Brown

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
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *3195 10th St, St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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