

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27261

FILED AUG 22 1949

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Johnson.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, MO.</u>	
c. LENGTH OF STAY (in this place) <u>88 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>500, N. Holden St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Clifton</u> c. (Last) <u>Geery.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9, 1949.</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 24, 1861.</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cattle man.</u>	11. BIRTHPLACE (State or foreign country) <u>Knobnoster, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			
13a. FATHER'S NAME <u>James Geery</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Eaton</u>	14. NAME OF HUSBAND OR WIFE <u>deceased.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. J. Calvert, Englewood, N.J.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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>July 4, 1949</u> , to <u>Aug 9, 1949</u> , that I last saw the deceased alive on <u>Aug 9, 1949</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. Lee Cooper MD</u>		23b. ADDRESS <u>Warrensburg Mo</u>	23c. DATE SIGNED <u>8-13, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11 Aug. 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Aug 13, 1949</u>	REGISTRAR'S SIGNATURE <u>Sarah Ann Cretchfield</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips, Warrensburg, Mo.</u>	

AUG 24 1940

**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.

Signed \_\_\_\_\_

*P. A. Phillips.*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*2320*

P. O. Address \_\_\_\_\_

*Warrensburg, 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.