

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

929

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3788</u>	
c. LENGTH OF STAY (in this place) <u>12 Days</u>		d. STREET ADDRESS (If rural, give location) <u>4210 E 54th</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>C.</u> c. (Last) <u>GEIVETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 3, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov 11, 1861</u>
9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Louisville Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Samuel Geivette</u>	13b. MOTHER'S MAIDEN NAME <u>Lehnhausen</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) _____		16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <u>Harry Geivette</u>		ADDRESS <u>Osceola Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>CARCINOMA - ESOPHAGUS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5+ YEARS</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MYOCARDITIS</u>		<u>150X</u> <u>3 wk.</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) <u>NO</u>	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) _____	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 12-20, 1949, to 1-3, 1950, that I last saw the deceased alive on 1-3, 1950, and that death occurred at 7 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B Walker, MD U.</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>5 Jan. 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	

DATE REC'D BY LOCAL REG. <u>Jan. 7-50</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>J B Goodrich</u>	ADDRESS <u>Osceola Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

422
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RECEIVED
District Health Officer No. 7,
District File Number 12-49-15-73
Date Filed 1-9-57

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 J. B. Galsworth

Licensed Embalmer No. 3038

P. O. Address Quincy, 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.