

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29150

29150

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 73

|  |                               |  |   |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Shelby</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville</u>  |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville</u> <u>1020</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>✓</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>0</u>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Bella</u>   |                               | b. (Middle)  |   |
|  |                               | c. (Last) <u>Geigley</u>   |   |
|  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13 - 1950</u>   |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>  | 8. DATE OF BIRTH <u>Jan 16, 1867</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>  | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u>                           |
| 13a. FATHER'S NAME <u>W.H. Geigley</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Sibbe Ann Kinney</u>  | 14. NAME OF HUSBAND OR WIFE <u>✓</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>  |                               | 16. SOCIAL SECURITY NO. <u>✓</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>Alta Geigley</u> ADDRESS <u>Shelbyville Mo</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diphtheria</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerosis unknown</u><br>DUE TO (c) <u>✓</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</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>✓</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) <u>✓</u>   |                               | 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>about 1:30 p.m.</u> to <u>Aug 13, 1950</u> , that I last saw the deceased alive on <u>Aug 12, 1950</u> and that death occurred at <u>1:39 p.m.</u> , from the causes and on the date stated above. |                               |  |   |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title)  |                               | 23b. ADDRESS <u>Shelbyville Mo</u>   |   |
| 23c. DATE SIGNED <u>Aug 14, 1950</u>   |                               |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>Aug 15 - 1950</u>   |   |
| 24c. NAME OF CEMETERY OR CREMATORY <u>d.o.o.f. cemetery</u>  |                               | 24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo</u>  |   |
| DATE REC'D BY LOCAL REG. <u>Aug 18 - 50</u>  |                               | REGISTRAR'S SIGNATURE <u>419 Ada Garrison</u>  |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u> ADDRESS <u>Shelbyville Mo</u>  |                               |  |   |

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

1020

Date Received: AUG 21 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 8-50-1353  
Date Filed: AUG 22 1950

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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.....

*Myself*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *E. P. Thompson* .....

Licensed Embalmer No. *1633* .....

P. O. Address *Shelbyville, 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.