

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44308

State File No. _____

FILED MAR 15 1952

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 567B Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe Township</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1 mile southeast of Winfield</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 mile south of Winfield</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Walter</u> c. (Last) <u>Geitz</u>			4. DATE OF DEATH <u>Nov. 8, 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec. 17, 1901</u>		9. AGE (In years last birthday) <u>49</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hoerr Farm Manager</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson county, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Geitz</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Frantz</u>		14. NAME OF HUSBAND OR WIFE <u>Jospehine Geitz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-10-5038</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Annie Geitz-Winfield, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unavoidable Accident</u>		Killed by car collision.					
ANTECEDENT CAUSES		DUE TO (b) <u>Skull Fractured.</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>External Hemorrhage</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 checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home - way</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Winfield, Lincoln Co.</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY <u>Nov 8 - 51</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car collision</u>		<u>E 8160-26</u>	

22. I hereby certify that I attended the deceased from 10, to 10, that I last saw the deceased alive on 10, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwin Elliot, Coroner</u>		23b. ADDRESS <u>Troy, Mo.</u>		23c. DATE SIGNED <u>11/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Emma R. Riddle</u>		24f. ADDRESS <u>Elsberry, Mo.</u>	

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

No. 300
10.48

0570

Mar 13-1952

2183 ADM

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Pauline*

Signed _____
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Edberry, 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.