

S. No. 300
V. 10.48

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9213
Just No. 20
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>N.M.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL NEAR MATTHEWS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>		d. STREET ADDRESS (If rural, give location) <u>(Grant) 8730</u>	
3. NAME OF DECEASED a. (First) <u>Geater</u> b. (Middle) <u>Lee</u> c. (Last) <u>Probst</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 2 1952</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>3/20 1904</u>
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Jonesboro Ala.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Wont know</u>		13b. MOTHER'S MAIDEN NAME <u>X X X</u>	14. NAME OF HUSBAND OR WIFE <u>X X X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Probst</u> ADDRESS <u>Matthews Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>Several years</u> DUE TO (c) <u>Arteriosclerosis</u> <u>Several years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>D.O.A.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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) (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>Sept.</u> , 19 <u>51</u> , to <u>Mar</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>30 Mar.</u> , 19 <u>52</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert Barlett</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Steele Mo.</u>	
23c. DATE SIGNED <u>30 Mar 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>"</u>		24b. DATE <u>4/3 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pine Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Griffin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-10-52</u>		REGISTRAR'S SIGNATURE <u>Helen Lou Jones</u> ADDRESS <u>216-0 Hill Hall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmund Hall</u>		ADDRESS <u>Helbourn Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0721
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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.....

working under my personal supervision:

Not Embalmed

Student Embalmer No.....

Signed.....

L M Hill

Signed.....
Student Embalmer

Licensed Embalmer No. *2627*

P. O. Address *Fulbright 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.