

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1279

FILED MAR 27 1953

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1279	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City, "Rural"		d. STREET ADDRESS (If rural, give location) 7818 Booth 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital				3. NAME OF DECEASED a. (First) HARRY b. (Middle) R. c. (Last) GEAGAN			
4. DATE OF DEATH (Month) (Day) (Year) 3-2-53		5. SEX M. 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH Feb. 3, 1890		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Foreman Pittsburg Paint & Glass		11. BIRTHPLACE (City and State or Foreign Country) Tennessee	
12. CITIZEN OF COUNTRY USA		13a. FATHER'S NAME Edward R. Geagan		13b. MOTHER'S MAIDEN NAME Mary Gorch		14. NAME OF HUSBAND OR WIFE Margaret Geagan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None W.W.I.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Geagan 7818 Booth			
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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 5 yr. DUE TO (c) Hypertension 5 yr.			
19a. DATE OF OPERATION 3/3/53		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		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) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from Jan 2, 1953, to Mar 2, 1953, that I last saw the deceased alive on Mar 2, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE A.E. Liville (Degree or title) Dr. C.E. Liville M.D.				23b. ADDRESS 25 East 12th, K.C. Mo.		23c. DATE SIGNED 3-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 3-1-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Temple		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-3-53		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE-McCLURE Kansas City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. E. Linville

Suite 612

2550 2

1/25/54-4

after 1:30

JUN 24 1954

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 F. A. Walter

Licensed Embalmer No. 2744

P. O. Address 74 C 2nd

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.