

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20083**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 166

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. LENGTH OF STAY (in this place) <b>5 Days</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Bonne Terre Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>317 North Jefferson</b>	

3. NAME OF DECEASED (Type or Print) <b>Daniel Fredrick Giessing</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 1, 1868</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Milling</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins. <b>86 1 11</b>
11a. BIRTHPLACE (City and State or Foreign Country) <b>Valley Forge, Missouri</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Valley Forge, Missouri</b>	

13a. FATHER'S NAME <b>Charles Giessing</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Hoehn</b>	14. NAME OF HUSBAND OR WIFE <b>Pauline Giessing</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pauline Giessing</b>	ADDRESS <b>Farmington, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatic hyperplasia</b> DUE TO (c) <b>Generalized arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured hip</b>			

19a. DATE OF OPERATION <b>Done elsewhere</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fractured hip</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>610 X F</b>
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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?
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22. I hereby certify that I attended the deceased from 6-10, 1954, to 6-12, 1954, that I last saw the deceased alive on 6-11, 1954, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>George L. Walthers M.D.</b>	(Degree or title)	23b. ADDRESS <b>Farmington, Mo</b>	23c. DATE SIGNED <b>6-14-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/14/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Farmington Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 14, 1954</b>	REGISTRAR'S SIGNATURE <b>Gather Kudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home</b>	ADDRESS <b>Farmington, Missouri</b>
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APR 20 1955

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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..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Trinity

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.