

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33287

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and present). a. STATE <u>Mo</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY OR TOWN <u>Hunter</u>	d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. LENGTH OF STAY (in this place) <u>21 Mos</u>		e. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles N. of Hunter, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Miles N. of Hunter No</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>BRADSHAW</u> c. (Last) <u>Geisinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23 1954</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>June 27 1904</u>		9. AGE (In years last birthday) <u>50</u>		10. IF UNDER 1 YEAR Months Days <u>50</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>White, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	
13a. FATHER'S NAME <u>Charles Geisinger</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Blye</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE L. Geisinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>467-01-1478</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary L. Geisinger</u> ADDRESS <u>Hunter, 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>Acute Coronary Thrombosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocardial Infarction</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</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)		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 Dead from Arrival, 1954, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Coleman McArthur Corwin</u>		23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>10-23-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Douglas City</u>	
24d. LOCATION (City, town, or county) (State) <u>Ripley Co, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman McArthur Corwin</u>		ADDRESS <u>Van Buren Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 25-54</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Newson</u>		50-2	

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

MAR 4 1955

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..... *Allen C. McQueen*

Licensed Embalmer No. *454*

P. O. Address..... *Jan B...*

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.