

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39904

1020

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, or institution: add shoe before admission). a. STATE <u>Mo</u>		b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Quail-Sherrill</u>		c. LENGTH OF STAY (In this place) <u>21 mo</u>		c. CITY OR TOWN <u>Edgar Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Celia</u>		b. (Middle) <u>I</u>	
		c. (Last) <u>Giesen</u>		DATE OF DEATH (Month) (Day) (Year) <u>Nov 28, 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 4, 1882</u>	9. AGE (In years) (Month) (Day) (Year) <u>71-7-28</u>	
10a. USUAL OCCUPATION (Give kind of work during the most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State of Foreign Country) <u>Penn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. Cass Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Tramer</u>	
14. NAME OF HUSBAND <u>James Giesen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes and unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>James Giesen</u>		ADDRESS <u>Licking 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac &amp; pulmonary arrest</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congestive heart failure</u>			<u>1 year</u>
		DUE TO (c) <u>cardiovascular renal syndrome</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 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) <u>Licking Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>Nov.</u> , 1954, to <u>Nov 28</u> , 1954, that I last saw the deceased alive on <u>Nov 27, 1954</u> , and that death occurred at <u>2:30</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>B. J. Myers</u>		(Degree or title) <u>DO.</u>		23b. ADDRESS <u>Licking, Mo</u>	
23c. DATE SIGNED <u>11-29-54</u>					
24a. BURIAL, CREMA TION, REMOVAL (Specify)		24b. DATE <u>Nov 3, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u>			
DATE REC'D BY LOCAL REG. <u>Dec 1, 1954</u>		REGISTRAR'S SIGNATURE <u>Delora Nesse</u>		ADDRESS <u>324 Licking Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

1958  
AUG 8  
1958

DEC 10 1958

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 *Erberto Ferguson*.....

Licensed Embalmer No. *394*.....

P. O. Address *Licking*.....

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.