

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1025

State File No. ....

BIRTH NO. 1624-54 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>West Plains</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>West Plains</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <u>8 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1128 Trace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Geary</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-1955</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>1-6-1955</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR (Months) <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>West Plains MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>N. L. Geary</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Wesser</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>
17. INFORMANT'S SIGNATURE OR NAME <u>N. L. Geary</u> ADDRESS <u>West Plains 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neonatal Asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature separation</u>		
	DUE TO (c) <u>Prematurity</u>		
11. 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 <u>7615</u>	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)	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 1-6-1955, to 1-7-1955, that I last saw the deceased alive on 1-7-1955 and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack N. Wilcox MD</u> (Degree or title)	23b. ADDRESS <u>West Plains MO</u>	23c. DATE SIGNED <u>1-15-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>
24d. LOCATION (City, town, or county) (State)	<u>White Church MO</u>	
DATE REC'D BY LOCAL REG. <u>1-21-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Plains MO</u>

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

**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

*D. D. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Plains, 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.