

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26205**
 Registrar's No. **229**

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

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

1. PLACE OF DEATH a. COUNTY Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo		c. CITY OR TOWN Salisbury	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 23 yrs		e. STREET ADDRESS (If rural, give location) 2101	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #4, Fulton, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) Geppert c. (Last) haus		4. DATE OF DEATH (Month) (Day) (Year) Aug 28, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single	8. DATE OF BIRTH D. K.
9. AGE (In years last birthday) 56	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) D. K.
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME D. K.	13b. MOTHER'S MAIDEN NAME D. K.	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) D-K	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records of State Hospital #4, Fulton, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branch Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic Mental Deficiency		19a. DATE OF OPERATION none	
19b. MAJOR FINDINGS OF OPERATION 491x		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 9-17-1953, to 8-28-1956, that I last saw the deceased alive on 8-27-1956, and that death occurred at 5:40 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Frank J. Nichols, M.D.		23b. ADDRESS State Hospital #4, Fulton, Mo	23c. DATE SIGNED 8-28-56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug 30, 1956	24c. NAME OF CEMETERY OR CREMATORY St. Joseph	24d. LOCATION (City, town, or county) (State) Salisbury, Mo
DATE RECD BY LOCAL REG. Aug 28, 1956	REGISTRAR'S SIGNATURE Martha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. B. Dimpflinger, Salisbury, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 *Carl B. Dinkelmeier*

Licensed Embalmer No. *3848*

P. O. Address *Wabersburg 11*

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.