

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44441

State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 4471 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Gilliam		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Gilliam
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 0910	
3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) Frank c. (Last) Genser		4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 3, 1886
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 5 Days 26	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rural mail carrier		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Gilliam, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Genser	
13b. MOTHER'S MAIDEN NAME Anna L. Whittenberger		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW#1		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Frank Genser, Slater, Mo.		ADDRESS	
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) Suicide Carbon Monoxide INTERVAL BETWEEN ONSET AND DEATH 40 Min 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9731	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home in Garage	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cambridge Saline Mo		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-29-56	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Carbon Monoxide poisoning	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.			
23a. SIGNATURE C. L. Lawless M.D., Coroner Saline Mo		23b. ADDRESS (Degree or title) Marshall Mo.	
23c. DATE SIGNED 12-29-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/31/1956	
24c. NAME OF CEMETERY OR CREMATORY Gilliam		24d. LOCATION (City, town, or county) (State) Gilliam, Mo.	
DATE REC'D BY LOCAL REG. 1-3-57		REGISTRAR'S SIGNATURE Elyde A. Bridges	
25. FUNERAL DIRECTOR'S SIGNATURE Walter Johnson of Slater, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

MAR 20 1934

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 *Walter J. Heimer, Jr.*
Licensed Embalmer No. *455*

P. O. Address *Chateau*

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.