

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15838**

FILED APR 23 1957

BIRTH NO. _____ REG. DIST. NO. **925** PRIMARY REG. DIST. NO. **4478** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Schuyler	
b. CITY OR TOWN Lancaster		c. CITY OR TOWN Lancaster	
c. LENGTH OF STAY (in this place) mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lancaster Ho		e. STREET ADDRESS (If rural, give location) 0980	

3. NAME OF DECEASED (Type or Print) a. (First) Iva b. (Middle) MAY c. (Last) Geery			4. DATE OF DEATH (Month) (Day) (Year) Apr 13 1957		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH MAY 24 1886		9. AGE (In years last birthday) 70 10 19		10. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Schuyler Co.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James William Norman		13b. MOTHER'S MAIDEN NAME Mary Frances Robinson Orville Geery deceased	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) L		16. SOCIAL SECURITY NO. L	
17. INFORMANT'S SIGNATURE OR NAME Gordon Geery Lancaster Mo		18. ADDRESS		19. MEDICAL CERTIFICATION	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH minutes	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete Heart Block	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. ACCIDENT SUICIDE HOMICIDE (Specify)	

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 **8-5**, 19**56**, to **4-13**, 19**57**, that I last saw the deceased alive on **4-13**, 19**57**, and that death occurred at **7:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Drake, M.D.		(Degree or title)		23b. ADDRESS Lancaster, Mo		23c. DATE SIGNED 4-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 15 1957		24c. NAME OF CEMETERY OR CREMATORY ARMY		24d. LOCATION (City, town, or county) (State) Lancaster Mo	

DATE REC'D BY LOCAL REG. 4. 13. 57		REGISTRAR'S SIGNATURE W. H. Drake		25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home Lancaster Mo		ADDRESS	
---	--	--	--	--	--	---------	--

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

350

OCT 8 1964

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 *Novel E Foster*

Licensed Embalmer No. *4742*
P. O. Address *Furksville, Pa*

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.