

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011996
STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHELBYVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SHELBYVILLE 10 20 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dodd Rest Home		Length of stay in lb 3 Months	d. STREET ADDRESS (If outside, give location) SHELBYVILLE, Mo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALTA Middle GEIGLEY Last GEIGLEY			4. DATE OF DEATH Month MARCH Day 20 Year 1959	
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15-1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEPHONE OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY TELEPHONE OPERATOR	11. BIRTHPLACE (City and state or country) Shelby Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM HARRIS GEIGLEY	13b. MOTHER'S MAIDEN NAME ANN KENNEY	14. NAME OF HUSBAND OR WIFE None
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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. 493-03-2364	17. INFORMANT Ed GEIGLEY - GREEN RIDGE, Mo Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 1:15 Month, Day, Year March 20, 1959 a.m. P p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Shelbyville - Mo	COUNTY Shelby	STATE Mo
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21. I attended the deceased from March 20, 1959 to March 20, 1959 and last saw her alive on March 20, 1959 Death occurred at 1:15 P m on the date stated above and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE P. G. [Signature] (Degree or title)	22b. ADDRESS Shelbyville - Mo	22c. DATE SIGNED 3-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 23, 1959	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F	23d. LOCATION (City, town, or county) (State) SHELBYVILLE Mo
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24. FUNERAL DIRECTOR GREENING FUNERAL HOME ADDRESS 2 SHELBYVILLE, Mo	25. DATE RECD. BY LOCAL REG. Mar-24-59	26. REGISTRAR'S SIGNATURE Ada Garrison
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Charles W. Steiner*

Licensed Embalmer No. *4625*

P. O. Address *Peru*

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.