

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016390

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 26

300
1-57

1. PLACE OF DEATH a. COUNTY STE GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE GENEVIEVE		c. CITY OR TOWN STE GENEVIEVE 0951	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S MARIAN		d. STREET ADDRESS (If outside, give location) S MARIAN	
3. NAME OF DECEASED (Type or print) First Middle Last GARRY JOSEPH GEISER		4. DATE OF DEATH Month Day Year APRIL 25 1959	
5. SEX MALE	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 MARCH 8 1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 1 17
11. BIRTHPLACE (City and state or country) PERRYVILLE MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME EDWARD C. GEISER		13b. MOTHER'S MAIDEN NAME IDA BOLAND	
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.		17. INFORMANT Address Edmond C. Geiser, Ste. Genevieve Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 7 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) Upper Respiratory Infection 7545			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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		COUNTY STATE	
21. I attended the deceased from 3/8/59 , to April 25 and last saw her/him alive on April 25 1959 Death occurred at 1 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In degree or title) Joseph F. Lutenhardt MD		22b. ADDRESS ST MARYS MO 41	
22c. DATE SIGNED 4/26/59			
23a. BURIAL, CREMATION, RECEPTIONAL (Specify)		23b. DATE	
Burial		4/26/59	
23c. NAME OF CEMETERY OR CREMATORY WALKER SPRING		23d. LOCATION (City, town, or county) (State) STE GENEVIEVE MO	
24. FUNERAL DIRECTOR Rec. Barber Ste. Genevieve Mo		25. DATE RECD. BY LOCAL REG. APR. 27, 1959	
26. REGISTRAR'S SIGNATURE Luella Barber			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Adrian J. Elder*

Licensed Embalmer No. *4746*

P. O. Address *St. Petersburg*

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.