OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 16 1959

59-043002
STATE FILE NUMBER

MENDED

Registration District No. 325 Primary Registration District No. 4450 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Schuyler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greenton Mo
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nursing Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Schuyler
c. CITY OR TOWN Lancaster Mo
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Estella Mose Middle Last Geery

4. DATE OF DEATH Month Oct Day 26 Year 1959

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Aug 3 1882
9. AGE (last birthday) 77
IF UNDER 1 YEAR Months 2 Days 23
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Merchant
11. BIRTHPLACE (City and state or country) Appanoose Co
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Moses N. Beer
13b. MOTHER'S MAIDEN NAME Rachel Wood
14. NAME OF HUSBAND OR WIFE William Geery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Lois Allen Address Memphis Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from —, to —, and last saw her/him alive on Oct 26, 1959
Death occurred at Oct 26 4:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Kruse (Degree or title) DO
22b. ADDRESS Greenton Mo
22c. DATE SIGNED Oct 27 '59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 28 1959
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
23d. LOCATION (City, town, or county) (State) Lancaster Mo

24. FUNERAL DIRECTOR Norman's ADDRESS Lancaster Missouri
25. DATE RECD. BY LOCAL REG. Nov 26-59
26. REGISTRAR'S SIGNATURE Mrs. C. P. Drake

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jova E Foster

Licensed Embalmer No. 4742

P. O Address Kirksville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.