

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-018280

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 249

FILED JUN 11 1962

VS 300 Rev. 4/59

10/68  
2/00-02

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY CAPE GIRARDEAU  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU Length of stay in 1b  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANIS HOSPITAL Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MISSOURI COUNTY SCOTT  
 c. CITY OR TOWN ORAN Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) ORAN Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
PETER JOHN GEISNER MAY 30 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 5/1/1884 9. AGE (last birthday) 78 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FILLING STATION GAS & OIL 10b. KIND OF BUSINESS OR INDUSTRY GAS & OIL 11. BIRTHPLACE (City and state or country) NEW HAMBURG, MO 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME JOSEPH GEISNER 13b. MOTHER'S MAIDEN NAME MARY GOSCHE 14. NAME OF HUSBAND OR WIFE PHILOMENA GEISNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT CORONA HARPER Address CAPE GIRARDEAU, MO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic Ht Disease INTERVAL BETWEEN ONSET AND DEATH 5yo  
 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 but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, Carcinoma, Rectum 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

21. I attended the deceased from 5-10-60 to 5-30-62 and last saw him alive on 5-30-62  
 Death occurred at 4:12 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold Redings MD 22b. ADDRESS Cape Girardeau Mo. 22c. DATE SIGNED 4 June 62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JUNE 2 1962 23c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGELS 23d. LOCATION (City, town, or county) (State) ORAN MO.

24. FUNERAL DIRECTOR EARL J. SMITH F. H. ORAN, MO ADDRESS [REDACTED] 25. DATE RECD. BY LOCAL REG. June, 9-62 26. REGISTRAR'S SIGNATURE [REDACTED]

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Edw. J. Smith*

Licensed Embalmer No. 3676

P. O. Address Orem, Mo.

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.