

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1956

State File No. 31812

BIRTH NO.		REG. DIST. NO. 309		PRIMARY REG. DIST. NO. 4455		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) Portage Des Sioux		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN Portage Des Sioux		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 2nd and La Fave St.				e. STREET ADDRESS (If rural, give location) 2nd and La Fave St.			
3. NAME OF DECEASED (Type or Print) Philip		a. (First)		b. (Middle) A.		c. (Last) Geiben	
4. DATE OF DEATH Oct. 5, 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 20, 1878		9. AGE (in years last birthday) 77		10. MONTH 11		11. DAY 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Europe Luxembourg		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael Geiben		13b. MOTHER'S MAIDEN NAME Catherine Green		14. NAME OF HUSBAND OR WIFE Theresa Scheffer			
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. none		17. INFORMANT'S SIGNATURE OR NAME Theresa Mrs. P. Geiben, Portage des Sioux, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized carcinomatosis DUE TO (c) Carcinoma of Prostate  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 wk  2 mo.  6 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  177X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 June, 1956, to Oct 6, 1956, that I last saw the deceased alive on Oct 6, 1956, and that death occurred at 9:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. J. Comas		(Degree or title) D.D.		23b. ADDRESS Portage des Sioux, Mo		23c. DATE SIGNED 10-8-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 8, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery		24d. LOCATION (City, town, or county) (State) Portage des Sioux, Mo.	
DATE REC'D BY LOCAL REG. Oct 8 - 1956		REGISTRAR'S SIGNATURE J. W. Grasso		25. FUNERAL DIRECTOR'S SIGNATURE R. C. DeLong & Son Co. St. Charles, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1958

### 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.....

Licensed Embalmer No. ....

P. O. Address.....

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.