

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4748

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

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BIRTH NO.		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5428</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>LESLIE</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LESLIE BOONE</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LESLIE MO</u>		36	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1</u>				d. STREET ADDRESS (If rural, give location) <u>06</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN E. GIEBLER</u>			a. (First) <u>JOHN</u> b. (Middle) <u>E.</u> c. (Last) <u>GIEBLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 14 - 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 24 - 1863</u>	
9. AGE (In years last birthday) <u>85</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>20</u>		if UNDER 2 wks. Hours <u>0</u> Mins. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Miller</u>			11. BIRTHPLACE (State or foreign country) <u>Mo. to Franklin</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Eberhardt Giebler</u>		13b. MOTHER'S MAIDEN NAME <u>Eлизаbeth Rays</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Ann Giebler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. A. Giebler</u> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senility</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>4580</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Dec 1946</u> , to <u>NOV 14, 1949</u> , that I last saw the deceased alive on <u>NOV 12, 1949</u> , and that death occurred at <u>10⁰⁰ P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas A. Schmidt M.D.</u>				23b. ADDRESS <u>Gerald Mo</u>		23c. DATE SIGNED <u>11-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u>		24d. LOCATION (City, town, or county) (State) <u>Gerald Franklin Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-15-49</u>		REGISTRAR'S SIGNATURE <u>H. Matthews</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Meyer</u> ADDRESS <u>Gerald Mo</u>			

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District File Number

District Health Officer No. 9,

RECEIVED JAN 1 1 1950

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.

Signed Stanley E Meyer

Signed Student Embalmer

Licensed Embalmer No. 4839

P. O. Address Gerald, 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 this body is not embalmed, fact should be so stated above.

Handwritten signature and date: 11-22-50