

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22806**

10-3007
10-46
402
4

FILED JUL 19 1951

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPICKARD 0400 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAL NURSING HOME		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) FRANKLIN	c. (Last) GIBLER	4. DATE OF DEATH (Month) (Day) (Year) JUNE-29-1951
-------------------------------------	--------------------------	-----------------------------	-------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH JULY-19-1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	--

13a. FATHER'S NAME EDWARD GIBLER	13b. MOTHER'S MAIDEN NAME RACHEL STAFFON	14. NAME OF HUSBAND OR WIFE BERTHA GIBLER
---	---	--

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.	17. INFORMANT'S SIGNATURE OR NAME BERTHA GIBLER SPICKARD MO.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder 1 year		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 181X	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

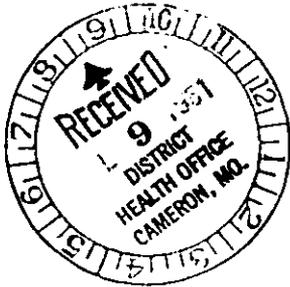
22. I hereby certify that I attended the deceased from Jan 15th, 1950, to June 24th, 1951, that I last saw the deceased alive on June 24th, 1951, and that death occurred at 8:05 A. m., from the causes and on the date stated above.

23a. SIGNATURE Cleaver F. Jeffery M.D. (Degree or title)	23b. ADDRESS Trenton Mo.	23c. DATE SIGNED June 30th 1951
---	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY-1-1951	24c. NAME OF CEMETERY OR CREMATORY HAMILTON CEM.	24d. LOCATION (City, town, or county) (State) MERCER CO. MO
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. June 30, 1951	REGISTRAR'S SIGNATURE Jane Davis	25. FUNERAL DIRECTOR'S SIGNATURE SCHOOLER FUNERAL HOME ADDRESS SPICKARD MO.
---	---	---

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



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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ross Wiso

Signed.....
Student Embalmer

Licensed Embalmer No. 3791

P. O. Address Spickard 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.