

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give town) Moberly	c. LENGTH OF STAY (in this place) 10 months, plus 10 days in hospital	c. CITY OR TOWNSHIP Moberly	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 Wabash Employes' Hospital		STREET ADDRESS (If rural, give location) 546 1/2 West Coates	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle)	c. (Last) STAEBLER	4. DATE OF DEATH (Month) (Day) (Year) August 29, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 27, 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 5 Days 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? Iowa
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13a. FATHER'S NAME No data	13b. MOTHER'S MAIDEN NAME No data	14. NAME OF HUSBAND OR WIFE Harriett Staebler
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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. 703-01-2411	17. INFORMANT'S SIGNATURE OR NAME Mrs. Geogre Staebler, Moberly, Mo.	ADDRESS
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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, asthenia, 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) Coronary and Myocardial Insufficiency		Years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis and Generalized Arterio-sclerosis DUE TO (c)		Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Severe secondary anemia Fractured left hip, about 5/14/55	

19a. DATE OF OPERATION 5/17/55	19b. MAJOR FINDINGS OF OPERATION Sub-capital fracture of femur, left	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Oct. 8, 1954**, to **Aug. 29, 1955**, that I last saw the deceased alive on **Aug. 29, 1955**, and that death occurred at **6:20 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Dwight A. Anderson, M.D.	23b. ADDRESS 415 Woodland Ave	23c. DATE SIGNED 8/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-30-1955	24c. NAME OF CEMETERY OR CREMATORY Des Moines, Iowa	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 8/30/55	REGISTRAR'S SIGNATURE Keaherlowe	25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son, Moberly, Mo.	ADDRESS
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank O. DeW...*

Licensed Embalmer No. *303*

P. O. Address *Moberl*

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.