

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8678**

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5435 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN RURAL-BOEUF		c. CITY OR TOWN Stonyhill, MO.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION HIS RESIDENCE		e. STREET ADDRESS (If rural, give location) Main Street	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN M. b. (Middle) MICHAEL c. (Last) GABLER			4. DATE OF DEATH (Month) (Day) (Year) 3 2 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-10-1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 0 Days 22
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) Hermann, Mo. RFD		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John M. Gabler		13b. MOTHER'S MAIDEN NAME Anna Marie Gumper		14. NAME OF HUSBAND OR WIFE Mrs. Dewia Gabler	
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 ADDRESS Mrs. John M. Gabler Stonyhill, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 to 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach		
	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. 151X			

19a. DATE OF OPERATION 1/19/56	19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach with metastases to liver & omentum	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)	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 8/14, 1947, to 3/2, 1956, that I last saw the deceased alive on 2/29, 1956, and that death occurred at 5:25P m., from the causes and on the date stated above.

23a. SIGNATURE B. E. Gismann (Degree or title) M. D.	23b. ADDRESS New Haven, Missouri	23c. DATE SIGNED 3/5/56
--------------------------------------------------------------------	-----------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-1956	24c. NAME OF CEMETERY OR CREMATORY St. James E&R Cem.	24d. LOCATION (City, town, or county) (State) Stonyhill, Mo
DATE REC'D BY LOCAL REG. 3/5/56	REGISTRAR'S SIGNATURE Delma Gerken	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul H. Blumer Berger Mo	

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

1-370

493

MAR 5 1958

MAR 10 1958

FEB 19 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.....
Hugo St. Edmund

Licensed Embalmer No. 316

P. O. Address *Herrmann*

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.