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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1956

12722
State File No. 125

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 226 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 112 Jackson St.		d. STREET ADDRESS (If rural, give location) 112 Jackson St.	

3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) Ella c. (Last) Gibler			4. DATE OF DEATH (Month) (Day) (Year) April 14, 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 27, 1867		9. AGE (In years) (Months) (Days) (Hours) (Min.) 88 3 17	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (City and State or Foreign Country) Indianapolis, Ind.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Thomas Barker		13b. MOTHER'S MAIDEN NAME Emiline Petty		14. NAME OF HUSBAND OR WIFE George Gibler			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Gibler Jefferson City, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompenstated Heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 331X	
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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?	
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22. I hereby certify that I attended the deceased from **March 1956** to **April 1956** that I last saw the deceased alive on **April 13 1956**, and that death occurred at **2 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Bruce MD		23b. ADDRESS 234 Madison Jefferson City, Mo		23c. DATE SIGNED 4-13-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
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DATE REC'D BY LOCAL REG. 16 April 1956		REGISTRAR'S SIGNATURE R. P. Harris MD-MR		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buescher Jefferson City, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Victor Prescher

Licensed Embalmer No.

3701

P. O. Address

Jefferson

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.