

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41085**

No. 300
10-48

FILED DEC 18 1956

BIRTH NO. _____		REG. DIST. NO. 115		PRIMARY REG. DIST. NO. 5433		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE MO c. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNION		c. LENGTH OF STAY (in this place) R		c. CITY OR TOWN UNION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME				e. STREET ADDRESS (If rural, give location) RURAL ROUTE 0360			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) T. c. (Last) GIEBLER			4. DATE OF DEATH (Month) (Day) (Year) DEC. 12, 1956				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 1, 1881		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Days 4	IF UNDER 12 Mths. Hours Mins. 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY SHOE WORKER		11. BIRTHPLACE (City and State or Foreign Country) BEAUFORT, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME PHILLIP GIEBLER		13b. MOTHER'S MAIDEN NAME KATE EISENBISER		14. NAME OF HUSBAND OR WIFE LULU GIEBLER UNION, MO.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LULU GIEBLER R.R. UNION, MO.			
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, atheria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. hemiparesis (C.V.A.)				INTERVAL BETWEEN ONSET AND DEATH 10 min 10 years 30 years 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1				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)		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 1956 to 12 Dec 1956 , that I last saw the deceased alive on 5 Dec 1956 , and that death occurred at 12:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Richardson, M.D.				23b. ADDRESS Union, Mo		23c. DATE SIGNED 14 Dec 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/15/56	24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY		24d. LOCATION (City, town, or county) (State) UNION MO.		
DATE REC'D BY LOCAL REG. Dec 14 56		REGISTRAR'S SIGNATURE J. T. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. F. Ottomann Union Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *E. P. O. [Signature]*

Licensed Embalmer No. *1689*

P. O. Address *Union*

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.