

Health,
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 26 1957

STANDARD CERTIFICATE OF DEATH

11548

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 277

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MOBERLY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>New Junction of</u> INSTITUTION <u>Hwy 24 S. 63</u> Length of stay in lb <u>50 Yrs.</u>		d. STREET (If outside, give location) ADDRESS <u>416 W. BURKHART</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>ADOLPH</u> Last <u>GIESLER</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>17</u> Year <u>1957</u>
5. SEX <u>MALE</u>	16. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-30-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POLICE OFFICER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CITY OF MOBERLY</u>	11. BIRTHPLACE (City and state or country) <u>SALISBURY, Mo.</u>
13. FATHER'S NAME <u>VALENTINE H. GIESLER</u>		14. MOTHER'S MAIDEN NAME <u>ELIZABETH SMITH</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-32-4264</u>	17. INFORMANT Address <u>MRS. J. A. GIESLER - MOBERLY</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Cardiovascular Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Oct 1956</u> to <u>Nov 17th 57</u> and last saw her/him alive on <u>Nov 14</u> Death occurred at <u>8:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thos. S. Fleming</u>		22b. ADDRESS <u>Moberly Mo</u>	22c. DATE SIGNED <u>11/18th/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-20-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S</u>	23d. LOCATION (City, town, or county) (State) <u>MOBERLY Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>MAHAN FUNERAL SERVICE - MOBERLY</u>		25. DATE RECD. BY LOCAL REG. <u>11/20/57</u>	26. REGISTRAR'S SIGNATURE <u>Reahill</u>

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1957

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 *John A. Green*.....

Licensed Embalmer No. *381*

P. O. Address *Woburn*

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.