

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-036477

STATE FILE NUMBER

AMENDED

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 30

FILED NOV 7 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>FRANKLIN</u>	a. STATE	<u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN	<u>SULLIVAN</u>	c. CITY OR TOWN	<u>SULLIVAN</u>
Length of stay in lb		Inside Limits	
<u>5 YRS</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION	<u>656 WATSON RD.</u>	d. STREET ADDRESS (if outside, give location)	<u>656 WATSON RD.</u>
Inside Limits		Reside on Farm	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	<u>WINNIE</u>	<u>A.</u>	<u>GIEBLER</u>	<u>NOV.</u>	<u>2</u>	<u>1961</u>	

5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
<u>FEMALE</u>	<u>WHITE</u>		<u>FEB 16 1888</u>	<u>93</u>	Months	Days
				Hours		Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
<u>HOUSEKEEPER</u>	<u>HOME</u>	<u>CHAMPION CITY, MO.</u>	<u>U.S.A.</u>

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<u>EGERHARDT GIEBLER</u>	<u>ELIZABETH RAPPS</u>	<u>NONE</u>

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	Address
<u>NO</u>	<u>NONE</u>	<u>GRETCHEN MATHIAS</u>	<u>SULLIVAN, MO.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Upper Gastro-Intestinal Bleeding</u>	<u>3 Hours</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 (a)	PART III. If deceased was female was there a pregnancy in last 90 days.
<u>Arteriosclerosis</u>	<input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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	Month, Day, Year
	<u>1:30 P</u>	<u>1958</u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	--	------------------------------	--------	-------

21. I attended the deceased from 1958 to 1961 and last saw her alive on August 1961
 Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>Robert DeLongfort M.D.</u>	<u>Sullivan Mo</u>	<u>Nov 3 61</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
<u>BURIAL</u>	<u>NOV. 4, 1961</u>	<u>BUFFALO CEM.</u>	<u>SULLIVAN</u>	<u>Mo</u>

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>H.M. EATON</u>	<u>SULLIVAN, MO.</u>	<u>11-3-61</u>	<u>Jerman N. Eaton</u>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Thurston G. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, Mo.

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.