

FILED SEP 29 1948

Registrar's No. 317

Registration District No. 2

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Poplar Bluff Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Six hours**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Wayne**
(c) City or town **Mc Gee Wayne T.S. Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Loyde D. Gribler**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **19**
year **1948** hour **Eight** minute **Thirty A**

4. Sex **M** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife ~~_____~~ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 18 1948**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **9-19-1948** to **9-19-1948**
that I last saw him alive on **9-19-1948** and that death occurred on the date and hour stated above.
Immediate cause of death **Discolitis**

8. AGE: Years Months Days If less than one day
7 1 hr. min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____

9. Birthplace **McGee Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation _____

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business **Jim Gribler**
12. Name **Mc Gee**
13. Birthplace **Missouri**
(City, town or county) (State or foreign country)
14. Maiden name **Lela Hardester**
15. Birthplace **Mc Gee Missouri**
(City, town, or county) (State or foreign country)
16. (a) Informant **Jim Gribler**
(b) Address **Mc Gee Missouri**
17. (a) **Burial** (b) Date thereof **9 20 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Pleasant, Watkins Service**
18. (a) Signature of funeral director _____
(b) Address **Puxico Missouri**
19. (a) **9-24-48** (b) **P. A. Muesel**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **P. A. Muesel** (M. D. or other) _____
Address **Poplar Bluff Mo** Date signed **9-23-48**

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

RECEIVED

District Health Office No. 2,

District File Number 948-122

Date Filed 9-27-68

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Wester 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 this body is not embalmed, fact should be so stated above.