

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **9131**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **445**

1. PLACE OF DEATH a. COUNTY Waclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Waclede	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (In this place) 2		d. STREET ADDRESS (If rural, give location) Lebanon R1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Rd + RR Track			
3. NAME OF DECEASED a. (First) Tom (Type or Print)		b. (Middle) Lee	
c. (Last) Giesler		4. DATE OF DEATH (Month) (Day) (Year) Mar 18 1951	
5. SEX M D	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 11, 1881
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Marys Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME John Giesler		13b. MOTHER'S MAIDEN NAME Nancy Bowman	
14. NAME OF HUSBAND OR WIFE Sarah E. Giesler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella Thomas, Lebanon, Mo.		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral skull & chest, severed ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rt Leg DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Railroad Crossing accident.	
INTERVAL BETWEEN ONSET AND DEATH 88104 27			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. Crossing	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lebanon Waclede MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 18 1951 7:39 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Train hit Car at R.R. Crossing	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:39 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Richard L. Palmer M.D.		23b. ADDRESS Lebanon, Mo.	
23c. DATE SIGNED 3-19-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 21 1951	
24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cem.		24d. LOCATION (City, town, or county) (State) Lebanon MO.	
DATE REC'D BY LOCAL REG. 3-21-1951		REGISTRAR'S SIGNATURE Hella L. Mayo	
25. FUNERAL DIRECTOR'S SIGNATURE Palmer's		ADDRESS Lebanon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0537
3

Received MAR 23 1951
Laclede County Health Unit
File No. 3-51-42
Date Filed MAR 28 1951

APR 12 1951

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 Emmett E Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon 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.