

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5408**

FILED MAR 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 27

0360

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>SHEIBBE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 5, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG. 20, 1885</u>		9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>6</u> 11. DAYS <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT BUSINESS</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>HILLSBORO MO MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>FREDERICK SHEIBBE</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDIA JACKSON</u>		14. NAME OF HUSBAND OR WIFE <u>VIRGINIA SHEIBBE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		18. SOCIAL SECURITY NO. <u>487-38-3489</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John W. White New Haven, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarct.</u>		DUE TO (b) <u>Coronary insufficiency</u>			<u>2 years.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Cardio-vascular disease</u>			<u>3 yrs-5 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Diabetes mellitus</u>			<u>10 years?</u>
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)		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) m.		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 9/21, 1947, to 9/5, 1953, that I last saw the deceased alive on 3/4, 1953, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. P. Gishmann M.D.</u>		23b. ADDRESS <u>New Haven, Mo.</u>		23c. DATE SIGNED <u>3/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW HAVEN CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>NEW HAVEN MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. P. Tuttle &amp; SON New Haven, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>mar. 7-53</u>		REGISTRAR'S SIGNATURE <u>Eduard Jung 473</u>			

SEP 20 1901

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 \_\_\_\_\_

*Carl Perky*

Licensed Embalmer No. 3385

P. O. Address New Haven

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.