

STANDARD CERTIFICATE OF DEATH

State File No. **7191**
 Registrar's No. **72**

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Randolph	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	a. STATE Missouri	b. COUNTY Randolph
c. LENGTH OF STAY (in this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly 0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION 524 N. Auld		d. STREET ADDRESS (If rural, give location) 524 N. Auld	

3. NAME OF DECEASED (Type or Print)	a. (First) David	b. (Middle) Louis	c. (Last) Imbler	4. DATE OF DEATH (Month) (Day) (Year) 2-27-1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/18/1864	9. AGE (In years last birthday) 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) car repairman Railroad	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTH PLACE (State or foreign country) Novinger Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Imbler	13b. MOTHER'S MAIDEN NAME Emily White	14. NAME OF HUSBAND OR WIFE Evahana Spurgeon	

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. none	17. INFORMANT'S SIGNATURE OR NAME Shopie Imbler	18. ADDRESS 524 N. Auld Moberly
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Dis		INTERVAL BETWEEN ONSET AND DEATH Don't Know
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) —		Know
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4214		

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Moberly Randolph MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) —	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 Jan 2, 1953, to 2-26, 1953, that I last saw the deceased alive on 2-26, 1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE C. Smith	(Degree or title) MD	23b. ADDRESS Moberly, MO.	23c. DATE SIGNED 2-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/3/53	24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant	24d. LOCATION (City, town, or county) (State) Madison MO
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DATE REC'D BY LOCAL REG. 3/3/53	REGISTRAR'S SIGNATURE Charles Beavers	25. FUNERAL DIRECTOR'S SIGNATURE W. A. Thompson	ADDRESS Madison MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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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

Mrs. Fred A. Humphreys

Licensed Embalmer No. 3282

P. O. Address Wadecon, Ky

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.