

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4264

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>115</u>		PRIMARY REG. DIST. NO. <u>5433</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RBI Union Mo. Union</u>		c. LENGTH OF STAY (In this place) <u>3 years</u>		c. CITY OR TOWN <u>RBI Union Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RBI Union Mo. New Stone</u>				e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>GIEBLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-1957</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-29-1893</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Leslie Mo RBT</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John E. Giebler</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Weirich</u>		14. NAME OF HUSBAND/ OR WIFE <u>Bertha Birgenom</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-14-3918</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Bertha Giebler Union Mo</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Weak heart</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4200</u>		
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) <u>Franklin Mo</u>				
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Gerald M. Cooper</u>				23b. ADDRESS <u>Union Mo</u>		23c. DATE SIGNED <u>2/5/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 18 57</u>		REGISTRAR'S SIGNATURE <u>J. J. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Meyer Herald Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 9
1957

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 *Stanley E. Dwyer*

Licensed Embalmer No. 463

P. O. Address *Chenais*

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.