

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028724
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 115-116 Primary Registration District No. 2020 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		c. CITY OR TOWN UNION 6366	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		d. STREET ADDRESS (If outside, give location) R.R. # 2	

3. NAME OF DECEASED (Type or print) First CHARLES Middle A. Last GIEBLER			4. DATE OF DEATH Month AUG. Day 11, Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 2, 1883	9. AGE (In years last birthday) 75	FUNDER 1 YEAR Months 7 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE	11. BIRTHPLACE (City and state or country) BEAUFORT, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PHILLIP GIEBLER		13b. MOTHER'S MAIDEN NAME KATE EISENBEIN		14. NAME OF HUSBAND OR WIFE IDA GIEBLER	
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. 494-01-0493		17. INFORMANT IDA GIEBLER Address UNION, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized Carcinomatosis</u>			3-6 mos.
	DUE TO (c) <u>1992</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from July 5, 1958 to Aug 11, 1958 and last saw her ^{her} alive on Aug. 11, 1958
Death occurred at 2 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George A. Richardson, M.D.</u> (Degree or title)		22b. ADDRESS <u>Box 307 Union, Mo.</u>		22c. DATE SIGNED <u>8-13-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-14-58	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S LUTHERAN	23d. LOCATION (City, town, or county) UNION, MO.
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24. FUNERAL DIRECTOR E. F. OLTMANN ADDRESS UNION, MO.		25. DATE RECD. BY LOCAL REG. 8/13/58	26. REGISTRAR'S SIGNATURE <u>George A. Richardson</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

790

AUG 26 1958

DEC 4 1958

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 Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.