

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014521

FILED VS MAY 9 1960

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 22

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salisbury</u>		Length of stay in 1b <u>39 yrs approx</u>		c. CITY OR TOWN <u>Salisbury</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>121 W. Second St.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>121 W. Second St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Gilbert</u> Last <u>Giesler</u>				4. DATE OF DEATH Month <u>May</u> Day <u>2</u> Year <u>1960</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/14/93</u>	9. AGE (last birthday) <u>66 yrs</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>book keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>insurance office</u>		11. BIRTHPLACE (City and state or country) <u>Salisbury twshp</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Valentine J. Giesler</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Leona Gallemore Giesler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>			16. SOCIAL SECURITY NO. <u>354-03-0881</u>		17. INFORMANT Address <u>Mrs. Leona Giesler, Salisbury, Mo.</u>			
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>Anarition</u>							INTERVAL BETWEEN ONSET AND DEATH <u>weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic spread to liver & lungs</u>							6 mo.	
DUE TO (c) <u>Carcinoma sigmoid colon</u>							9 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>Feb. 1st 1960</u> to <u>May 2, 1960</u> and last saw <u>her</u> him alive on <u>May 2, 1960</u> Death occurred at <u>11:00 AM May 2, 1960</u> m of the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>E. L. Eichhorn R.D.</u>				22b. ADDRESS <u>119 West Salisbury Mo.</u>			22c. DATE SIGNED <u>5-3-1960</u>	
23a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		23b. DATE <u>May 4, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Salisbury, Missouri</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Chas. B. Winkelmeier, Salisbury, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-3-60</u>		26. REGISTRAR'S SIGNATURE <u>HW Hawkins</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 18 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chas B Winkelme

Licensed Embalmer No. 3842

P. O. Address Salisbury,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.