

W 0050
line 733

U. S. West

W. R. West

FILED JUL 18 1951 STANDARD CERTIFICATE OF DEATH

State File No. 21972

BIRTH NO. REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5054 Registrar's No.

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural White River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washburn 00.50	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Washburn Rd Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle) Franklin	c. (Last) Giddings	4. DATE OF DEATH (Month) (Day) (Year) 6-18-1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) nevermarried	8. DATE OF BIRTH 12-15-1929	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Giddings	13b. MOTHER'S MAIDEN NAME Tillie Henbest	14. NAME OF HUSBAND OR WIFE none
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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. 488-39-7704	17. INFORMANT'S SIGNATURE OR NAME Frank Giddings-Washburn, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning	DUE TO (b) _____		
ANTECEDENT CAUSES *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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	E 9298		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42 105	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kings River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Barry Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-18-1951 3P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? While Fishing, he tried to swim the river
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22. I hereby certify that I attended the deceased from 10, to 19, that I last saw the deceased dead on June 18, 1951, and that death occurred at 3 P.m., from the causes and on the date stated above.

23a. SIGNATURE Paul D. Henbest	(Degree or title) Coroner	23b. ADDRESS Cassville, Missouri	23c. DATE SIGNED 6-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-22-1951	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	24d. LOCATION (City, town, or county) (State) Exeter, Missouri
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DATE REC'D BY LOCAL REG. 8-24-51	REGISTRAR'S SIGNATURE Conce Williams	25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Henbest	ADDRESS Cassville, Mo
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Paul D. Venbest

Signed.....
Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.