

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22280**
Registrar's No. **186**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **2008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (in this place) 4 yrs	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION State Hospital No 1 Fulton, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston	
		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)	a. (First) Anderson	b. (Middle) -	c. (Last) Giles	4. DATE OF DEATH (Month) (Day) (Year)
				July 13 1951

5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH D. K.	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months - DAY -	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) U. S. Alabama	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME D. K.	13b. MOTHER'S MAIDEN NAME D. K.	14. NAME OF HUSBAND OR WIFE Common Law Wife
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) D.K.	16. SOCIAL SECURITY NO. D.K.	17. INFORMANT'S SIGNATURE OR NAME State Hospital Records	ADDRESS Fulton, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-7-1951**, to **7-13-1951**, that I last saw the deceased alive on **7-13-1951**, and that death occurred at **11 A** m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Miller (Degree or title) M.D.	23b. ADDRESS State Hospital No 1 Fulton, Mo	23c. DATE SIGNED 7-13-51
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE 7-16-51	24c. NAME OF CEMETERY OR CREMATORY Sikeston Cemetery Sikeston Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. July-15-1951	REGISTRAR'S SIGNATURE Maretha Laurence	426	25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home Sikeston	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 26 1951

RECEIVED

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 

Licensed Embalmer No. 4371
4014 Washington Blvd
P. O. Address St. Louis, 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.