No. 300
10.48

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

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2169

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Ray 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 542 E. Buchanan Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray 0891
c. CITY OR TOWN: Richmond
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 1
e. STREET ADDRESS (If rural, give location): 542 E. Buchanan Street

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): WOODFORD
c. (Last): GILES

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7 1955

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 20, 1879
9. AGE (In years last birthday): 75 — If under 1 year: Months 6, Days 17 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and State or Foreign Country): Ray County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Henry C. Giles
13b. MOTHER'S MAIDEN NAME: Caroline Wilson
14. NAME OF HUSBAND OR WIFE: Annie Roberts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Frank Giles, Richmond, Missouri

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive
DUE TO (c) Arterio-Sclerosis

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 331X
20. AUTOPSY? YES [ ] NO [X]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN 7 1955, *to* JAN 7 1955, *that I last saw the deceased alive on* JAN 7 1955, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Fay MD
23b. ADDRESS: Richmond Mo
23c. DATE SIGNED: 1-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-11-1955
24c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery
24d. LOCATION (City, town, or county) (State): Richmond, Missouri

DATE REC'D BY LOCAL REG.: Jan 12-1955
REGISTRAR'S SIGNATURE: Mabel Jackson 273-
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thomas A. Carter Richmond, MO

(Licensed Embalmer's Statement on Reverse Side)

Wed Jan 12.

JAN 27 195[illegible]

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Thomas J. Curtis.....

Licensed Embalmer No...447.

P. O. Address..Richmond.

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