

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5289****86**

| | | | | | | | | | | | | | |
|---|--|--|---|---|--------------------------|---|--|--|--|--|--|------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 146 | | PRIMARY REG. DIST. NO. 5569 | | Registrar's No. 86 | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY JACKSON (Bringing) | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HICKMAN MILLS | | c. LENGTH OF STAY (If this place) 50 YEARS | | c. CITY OR TOWN HICKMAN MILLS | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 8713 EAST 774 ST. TERRACE | | | | e. STREET ADDRESS (If rural, give location) 8713 EAST 774 ST. TERRACE | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) RAY | | | b. (Middle) | | c. (Last) GIDDENS | | 4. DATE OF DEATH (Month) (Day) (Year) FEB 16 1956 | | | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH SEPT 23 - 1898 | | 9. AGE (In years last birthday) 57 | | IF UNDER 1 YEAR Months Days | | IF UNDER 1 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN | | | 10b. KIND OF BUSINESS OR INDUSTRY LAKE CITY REMINGTON ARMS | | | 11. BIRTHPLACE (City and State or Foreign Country) WINDSOR, MISSOURI | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13a. FATHER'S NAME EZRA L. GIDDENS | | | 13b. MOTHER'S MAIDEN NAME LILLIE HUGHES | | | 14. NAME OF HUSBAND OR WIFE NOLA GIDDENS | | | | | | | |
| 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. 497-34-8191 | | | 17. INFORMANT'S SIGNATURE OR NAME MRS NOLA GIDDENS | | | ADDRESS 8713 EAST 774 ST. TERRACE | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma ANTECEDENT CAUSES e. Smitolansia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | | | | | INTERVAL BETWEEN ONSET AND DEATH Tumor | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 162x | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | | | | | |
| 22. I hereby certify that I attended the deceased from 25 Jan, 1956 , to 15 Feb, 1956 that I last saw the deceased alive on 15 Feb, 1956 , and that death occurred at 3:55 A.M. , from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE Jack M. Davis, M.D. (Degree or title) | | | | 23b. ADDRESS Raytown, Mo | | | | 23c. DATE SIGNED 16 Feb 56 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE FEB 18 1956 | | 24c. NAME OF CEMETERY OR CREMATOR GREEN LAWN CEMETERY | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | | | | | | |
| DATE REC'D BY LOCAL REG. 2-18-56 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMERS | | ADDRESS 1231 2nd Street Kansas City, Mo. | | | | | | | |

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

FEB 14 1957

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.....
Polle Kessel

Licensed Embalmer No. *469*

P. O. Address... *K.C. 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.