

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23371

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	c. LENGTH OF STAY (in this place) <b>30 Hrs.</b>	c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hos.</b>		e. STREET ADDRESS (If rural, give location) <b>Rural, South Galloway Twsp.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Maurice</b>	b. (Middle)	c. (Last) <b>Giddings</b>	Month <b>July</b>	Day <b>12,</b>	Year <b>1956</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 2, 1902</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>53</b>	IF UNDER 24 HRS. Hours <b>53</b>	Min. <b>53</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Hampton L. Giddings</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Lane Watts</b>		14. NAME OF HUSBAND OR WIFE _____	
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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) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Patrick Spokane, Mo.</b>		ADDRESS _____	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>rupture of sigmoid spontaneous with fecal impaction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>fecal impaction</b>				
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral thrombosis</b>			<b>1 year</b>	

19a. DATE OF OPERATION <b>7-11-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Res &amp; feces filled the abdomen 332x</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>[Redacted]</b>	21b. PLACE OF INJURY (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)	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 July 11, 1956, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on July 12, 1956, and that death occurred at 4:20 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>Gene W. Fanching, M.D.</b>		(Degree or title)	23b. ADDRESS <b>508 Med. Bldg. Springfield, Mo.</b>	23c. DATE SIGNED <b>7-14-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 15, 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Isenhour Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Christian Co. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>7-16-56</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin Ozark, Mo.</b>			ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 25 1956

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 *T. B. Chaffin*.....

Licensed Embalmer No. *2192*

P. O. Address *Ozark*.....

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.