

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 355

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|---|-------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE ARKANSAS b. COUNTY Marion | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN YELLVILLE | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTI VETERANS ADM. HOSPITAL | | Length of stay in lb 3 1/2 mos | X d. STREET ADDRESS RT. E | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First BENJAMIN Middle F. Last GIDDINGS | | | 4. DATE OF DEATH January 23, 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH January 22, 1893 | 9. AGE (In years last birthday) 64 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Frontenac, Kansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME James Giddings | | | 14. MOTHER'S MAIDEN NAME Christina Mitchell | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI | | 16. SOCIAL SECURITY NO. 488 30 2138 | 17. INFORMANT Address VA Hospital Official Records, K. C. Mo. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Emaciation DUE TO (c) Carcinoma of lung with metastases Primary | | | | | INTERVAL BETWEEN ONSET AND DEATH 162x |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1 | | |
| 20c. TIME OF INJURY Hour 12:20 PM Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. <input checked="" type="checkbox"/> attended the deceased from October 10, 1956 to January 23, 1957 <input checked="" type="checkbox"/> Death occurred at 12:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Robert E. Qualheim, M.D. (Degree or title) | | | 22b. ADDRESS VA Hospital, Kansas City, Mo. | | 22c. DATE SIGNED 1/23/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE JAN. 24. 1957 | 23c. NAME OF CEMETERY OR CREMATORY — | | 23d. LOCATION (City, town, or county) (State) MT. VERNON ILLINOIS |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS | | ADDRESS 1331. BROOK CREEK KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 1-24-57 | 26. REGISTRAR'S SIGNATURE Reva Marshall |

(Licensed Embalmer's Statement on Reverse Side)

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Director, Coroner, etc. must use only standard nomenclature in item 18. No symptoms with best interest. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

