

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025258
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 137 Primary Registration District No. 2023 Registrar's No. 839

S. 300
1-57
0422

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chinton		c. CITY OR TOWN Leesville Twp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp		d. STREET ADDRESS (If outside, give location) Chinton RR #2	
3. NAME OF DECEASED (Type or print) First Middle Last EFFie Wyle Giager		4. DATE OF DEATH Month Day Year July 17 1958	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 1, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 55 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Barnes, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Stiversen		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hallie Giager
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.	17. INFORMANT Address Hallie Giager Chinton, 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) Pneumonia Hypostatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Subarachnoid hemorrhage DUE TO (c) Meningitis (Staph-Albus) Culture PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 6 days 10 days 6 days
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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. I attended the deceased from 10-7-1957 to 7-17-1958 and last saw her alive on 7-17-58 Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. B. Bradshaw, M.D.		22b. ADDRESS Chinton, Mo.	22c. DATE SIGNED 7-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Via Rail	23d. LOCATION (City, town, or county) (State) Salt Lake City Utah
24. FUNERAL DIRECTOR ADDRESS Consalus Chinton, Mo.		25. DATE RECD. BY LOCAL REG. 7-18-58	26. REGISTRAR'S SIGNATURE Melchred Bigum

JUL 2 1958

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 *J. E. Conzelmann*

Licensed Embalmer No. *1891*

P. O. Address *Clinton*

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.