

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043850

STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 132 Primary Registration District No. Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Jamez</u>		c. CITY OR TOWN <u>Jamez</u>	0400 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>Route 3</u>		d. STREET ADDRESS (If outside, give location) <u>Route 3</u>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Mary E. Giklow</u> First Middle Last			4. DATE OF DEATH <u>Dec 14 1958</u> Month Day Year		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>cau</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 17 1865</u>		9. AGE (In years last birthday) <u>93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <u>Akwath Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Nathan Hunt</u>			14. MOTHER'S MAIDEN NAME <u>Rebecca Hoelty</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mr Bert Lindsey</u> Address <u>Trenton Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
20c. TIME OF INJURY Hour <u>8:00 p.m.</u> Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Dec 14 1958</u> and last saw her alive on <u>Dec 13th 1958</u> Death occurred at <u>8:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Oliver T. Guffy</u> (Degree or title)		22b. ADDRESS <u>Trenton, Mo.</u>		22c. DATE SIGNED <u>Dec 15 1958</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>17 Dec 58</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Masonic</u>	23d. LOCATION (City, town, or county) <u>Jamez, Mo.</u> (State)
24. FUNERAL DIRECTOR <u>O. L. Johnson</u> ADDRESS <u>Jamez, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-17-58</u>	26. REGISTRAR'S SIGNATURE <u>Gene Fair</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Stems l.e. 2c, d added by query of Funeral Director 1-9-58 JET

MEDICAL CERTIFICATION

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 Harvey Allen Roberson Student Embalmer No. 50  
working under my personal supervision.

Student Harvey A. Roberson  
Signature of Student Embalmer

Signed O. L. Roberson

Licensed Embalmer No. 324

P. O. Address Imperial

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