ED VS AUG 24 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

60-030056
STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 5322 Registrar's No. 21-1960

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Benton Twsp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home So Length of stay in 1b Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Cuba 0280 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #2 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Taylor Middle Harm Last Giles
4. DATE OF DEATH Month Aug. Day 19 Year 1960
5. SEX male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 28 1885
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 5 Days 21 IF UNDER 24 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Osage County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alexander Giles
13b. MOTHER'S MAIDEN NAME Mary Bryant
14. NAME OF HUSBAND OR WIFE Never married
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Lula Dodd Address Cuba 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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Ht disease — Sev Yrs
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Failure uncompensated
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 60, to present and last saw her/him alive on in April 60
Death occurred at 11:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gordon W. Riffel MD
22b. ADDRESS Bourbon Mo
22c. DATE SIGNED 19 Aug 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 21-1960
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Kinder
23d. LOCATION (City, town, or county) Cuba (State) Mo

24. FUNERAL DIRECTOR Norman C. Hoener ADDRESS Cuba, Mo
25. DATE RECD. BY LOCAL REG. Aug. 21, 1960
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Norman S. Hoe

Licensed Embalmer No. 467

P. O. Address Cuba, N

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.