

S. No. 11-10-39 v. 5-17-39 X21492

MI 211  
22512  
State File No. 22512  
Registrar's No. 209

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1940  
668

Registration District No. 668

Primary Registration District No. 3032

I. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
Specify whether  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1201 So. Moniteau  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Dionysios Giokaris 262

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 12 1873  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tripoli Greece  
(City, town, or county) (State or foreign country)

10. Usual occupation Cafe Proprietor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name A. Giokaris 9

13. Birthplace Tripoli Greece  
(City, town, or county) (State or foreign country)

14. Maiden name Unkown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant M.D. Giokaris

(b) Address Sedalia

17. (a) Burial (b) Date thereof June 28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 6/28/40 Mrs. Harry Sneed  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1940 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 25  
1940, to June 26, 1940  
that I last saw her alive on June 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute appendicitis

Due to rupture in appendix

Due to \_\_\_\_\_

Other conditions myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Langmuir's rupture  
Of operations: appendicectomy  
Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Chas. Sneed (M. D. or other) \_\_\_\_\_  
Address Sedalia, Mo. Date signed June 28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

an affidavit on page 2 of this report

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-11-40

**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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *H. E. Bouldin*  
Licensed Embalmer No. 3867  
P. O. Address *Sedalia, Mo.*

**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 this body is not embalmed, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Pettis } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 18th day of July, 1940, before me appears.....

M.D. Giokaris, who, upon His oath, states that the original record of ~~birth~~ death for Dionysios Giokaris died <sup>born</sup> June 26, 1940, in the State of Missouri, and which was filed at Sedalia on June 28, 1940, should be corrected as follows:

Item No. 7 should read 66 Years 6 Months 14 Days

Instead of 67 Years 6 Months 1 Day

Item No. 6 should read Dec. 12 1873

Instead of ~~Dec. 27~~ Dec. 27 1872

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Michael P. Giokaris, Son.  
Relationship.

1201 S. Mountain  
Sedalia, Mo.  
Present Address.

Subscribed and sworn to before me this 18th day of July, 1940

My Commission expires 10/25/41 [Signature] Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

22512