

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42390

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5347 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Salisbury</u>	c. LENGTH OF STAY (In this place) <u>2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chariton County Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Giles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-48</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 3<sup>rd</sup> 1872</u>		9. AGE (In years last birthday) Months Days Hours Mins. <u>76</u> <u>4</u> <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trackway Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RW. laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Eli Giles</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE (If deceased) <u>DAISY DEAN (Giles)</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. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Bruns, Salisbury, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>  <u>over 5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral sclerosis</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from July 1, 1943, to Dec 28, 1948, that I last saw the deceased alive on Dec 28, 1948, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.L. Shams MD</u>		23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>1-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-30-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Valley Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Chariton Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Winkelmeier Fun. Co - Salisbury Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-8-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		55	

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

21  
8  
8

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-28-49

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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 me

..... Student Embalmer No. ....  
working under my personal supervision.

Signed Chas. B. Winkelmeier

Signed.....  
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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, fact should be so stated above.