

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4423**

FILED MAR 3 1949

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **5401** Registrar's No. **13**

34
0
U

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY DOUGLAS	a. STATE MISSOURI	b. COUNTY DOUGLAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DRURY MO.	c. LENGTH OF STAY (In this place) 40 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) RALPH	b. (Middle) WALDO	c. (Last) GILES	(Month) FEB	(Day) 16	(Year) 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 23 1892	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) TEDRICK MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME WM. MELVILLE GILES	13b. MOTHER'S MAIDEN NAME MARY ELIZABETH RILEY	14. NAME OF HUSBAND OR WIFE MABEL ELIZABETH FREEMAN
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. WORLD WAR I	17. INFORMANT'S SIGNATURE OR NAME MABEL ELIZABETH GILES	ADDRESS DRURY MO.
---	---	---	---------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CRUSH CHEST		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. G 4101		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	---

21a. ACCIDENT (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) DOUGLAS MO.
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) FEB 16 1949 5Pm.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? LARGE TREE FELL BACKWARDS AFTER BEING CUT BY AXE CATCHING VICTIM ACROSS CHEST & BOTH ARMS
--	--	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.W. Pliskinbeard CORNER	23b. ADDRESS Ada, mo	23c. DATE SIGNED 7-16-A9
---	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB 21/49	24c. NAME OF CEMETERY OR CREMATORY NEW HOPE	24d. LOCATION (City, town, or county) (State) DOUGLAS MO.
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. 2-23-49	REGISTRAR'S SIGNATURE Veal Bushman	25. FUNERAL DIRECTOR'S SIGNATURE R.W. Barber	ADDRESS Mt. Hope, mo.
--	--	--	-------------------------------------

RECEIVED

District Health Officer No. 6;

District File Number 249-168

Date Filed 2-28-49

MAR 23 1949

MAR 18 1949

MAR 18 1949

MAR 9 1949

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.

Signed R. W. Barber

Signed _____
Student Embalmer

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, 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.