

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7520**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5131 Registrar's No. 294

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Agency Rural - Tremont</u> | c. LENGTH OF STAY (in this place) <u>Life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Agency Rural 5 Mi. E. Tremont</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u> | | d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RANSOM</u> | b. (Middle) | c. (Last) <u>GIDDENS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1949</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 15 - 1875</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|--------------------|-------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>J. W. Giddens</u> | 13b. MOTHER'S MAIDEN NAME <u>Emmah J. Biles</u> | 14. NAME OF HUSBAND OR WIFE <u>Martha J. Giddens</u> |
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| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Martha J. Giddens</u> ADDRESS <u>Agency Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio sclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4-5</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from March 2nd 1949, to March 13th 1949, that I last saw the deceased alive on March 12th, 1949, and that death occurred at 11 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. G. Blankenship</u> (Degree or title) | 23b. ADDRESS <u>Howards Mo.</u> | 23c. DATE SIGNED <u>3/14/49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 15, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Trazier Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Agency Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Mar. 15, 1949</u> | REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u> ADDRESS <u>Gower, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.