

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20852

730
1

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 6834 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Marion" Rural		c. LENGTH OF STAY (in this place) Lifetime	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1 Sarcouxie		d. STREET ADDRESS (If rural, give location) Route #1 Sarcouxie	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) W. c. (Last) GIGER		4. DATE OF DEATH (Month) (Day) (Year) June 11, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 17, 1881
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Newton Co., Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Riley Giger		13b. MOTHER'S MAIDEN NAME Maggie Gale	14. NAME OF HUSBAND OR WIFE Elsie Grace Holmes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS, Mo. Mrs. Elsie Giger Rt. #1 Sarcouxie, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Angina Pectoris Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION 4202	
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)	
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 <u>6-11-1951</u> , to <u>6-11-1951</u> , that I last saw the deceased alive on <u>6-11-1951</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. E. Rolens M.D.		23b. ADDRESS Franklin, Mo.	
23c. DATE SIGNED 6-17-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-13-1951	
24c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery		24d. LOCATION (City, town, or county) (State) Diamond, Mo.	
DATE REC'D BY-LOCAL REG. June 11-1951		REGISTRAR'S SIGNATURE Mrs. Allie Parnell	
25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home		ADDRESS Carthage, Mo.	

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

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

Newton Co. Health Dept.
65-148
6/19/51

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 _____

working under my personal supervision.

Student Embalmer No. _____
Gene C. Pugh

Student
Student Embalmer

Signed _____
Gene, C. Pugh.

Licensed Embalmer No. _____ *4231*

P. O. Address _____ *Carthage, 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.