

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43077

State File No.

FILED JAN 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 441 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green 0820	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Hilda	b. (Middle) MARGARET	c. (Last) GIVERS	4. DATE OF DEATH (Month) (Day) (Year) Dec 28 1952
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 1 1900	9. AGE (In years of UNDER 1 YEAR last birthday) Months Days Hours Min. 52 2 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pike Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Harris	13b. MOTHER'S MAIDEN NAME Lola East	14. NAME OF HUSBAND OR WIFE Charley Givers
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		
	PRECEDENT CAUSES 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	19b. MAJOR FINDINGS OF OPERATION	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) 163x
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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?
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22. I hereby certify that I attended the deceased from **12-1-1952** to **12-28**, 19**52**, that I last saw the deceased alive on **12-28**, 19**52** and that death occurred at **9 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Williams M.D.	23b. ADDRESS Box Camp Hill No. 12-30-2	23c. DATE SIGNED 12-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-31-1952	24c. NAME OF CEMETERY OR CREMATORY Bowling Green	24d. LOCATION (City, town, or county) (State) Bowling Green, Mo.
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DATE REC'D BY LOCAL REG. 1/2/53	REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grace Bankhead Bowling Green Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed Harold C. Kirtz

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.