

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9104

170

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

APR 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Carroll.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Carroll</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Norborne, Egypt.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Norborne.</b>		0170			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North Duncan Street.</b>		d. STREET ADDRESS (If rural, give location) <b>North Duncan Street.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>			b. (Middle) <b>Henry</b>				
c. (Last) <b>Giles.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 29/1953</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Black</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			
8. DATE OF BIRTH <b>April 22 1872.</b>		9. AGE (In years last birthday) <b>80</b>		10. IF UNDER 1 YEAR Months   Days   Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Days Labor.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Swift &amp; Company.</b>		11. BIRTHPLACE (State or foreign country) <b>Richmond Ray County Mo.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Frank Giles.</b>		13b. MOTHER'S MAIDEN NAME <b>Sugie Giles.</b>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Fannie BUCner</b>		ADDRESS <b>Norborne</b>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis with supracardial degeneration</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis Diffuse</b> DUE TO (c) <b>Essential hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> <b>Unknown</b> <b>Unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>443X.</b>			
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?			
22. I hereby certify that I attended the deceased from <b>3-27-</b> , 19 <b>52</b> , to <b>3-29-</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3-29-</b> , 19 <b>52</b> , and that death occurred at <b>6:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Harold H. Vassell</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>212 South Pine St. Norborne, Mo.</b>			
23c. DATE SIGNED <b>3-31-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/3/1953</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Stoapple Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>Norborne, Missouri.</b>					
DATE REC'D BY LOCAL REG. <b>Mar 31-1953</b>		REGISTRAR'S SIGNATURE <b>Eileen Permittson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John S. Deitch Jr</b>			
				ADDRESS <b>Norborne</b>			

**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 G. Deitch Jr

Licensed Embalmer No. 4797

P. O. Address Norborne

**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.