

BIRTH NO.		REG. DIST. NO. <u>120</u>	PRIMARY REG. DIST. NO. <u>5450</u>	Registrar's No. <u>34</u>
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Miller Twn.</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>McFall, Missouri</u> <u>0380</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Crawford Ford Bridge</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lowell</u>	b. (Middle) <u>Keith</u>	c. (Last) <u>Giles</u>
4. DATE OF DEATH		(Month) <u>MAY</u>	(Day) <u>7</u>	(Year) <u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-11-1939</u>	9. AGE (In years last birthday) <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student High School</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>McFall, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ival Giles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lucille Duerson</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>	
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>Ival Giles, McFall, Mo.</u>	
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) <u>Accidental death by drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fell in river</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>89298 42</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>038</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In river</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Miller Township Gentry Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 7 1953 10 A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in river</u>		
22. I hereby certify that I attended the deceased from <u>May 7, 1953</u> , to <u>May 7, 1953</u> , that I last saw the deceased alive on <u>May 7, 1953</u> , and that death occurred at <u>10 A m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>G. N. Williamson</u>		23b. ADDRESS <u>50 N. Gentry Mo</u>		23c. DATE SIGNED <u>5-8-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McFall Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McFall, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 12-53</u>	REGISTRAR'S SIGNATURE <u>Manda Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Gresh</u> ADDRESS <u>Pattonsburg, Mo.</u>		

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

MAY 20 1950

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.

Student
Student Embalmer

Signed Louis Quest

Licensed Embalmer No. 4096

P. O. Address Patterson, Md.

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.