

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27780

State File No. \_\_\_\_\_

FILED SEP 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 982

2

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>194-4-27-28</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
		d. STREET ADDRESS (If rural, give location) <u>2911 Charles St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u> b. (Middle) <u>L</u> c. (Last) <u>Giles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 2 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Dec 30 1898</u>		9. AGE (In years last birthday) <u>54</u>		10. BORN IN MONTHS <u>8</u> DAYS <u>2</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fred Haellbuser</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>	
14. NAME OF HUSBAND OR WIFE <u>Boyd Giles</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Boyd Giles</u>		ADDRESS <u>2911 Charles St. City</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilitic Meningeal encephalitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES DUE TO (b) <u>Syphilis</u>			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0-25 X</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 March 31, 1953, to Sept 2, 1953, that I last saw the deceased alive on Sept 2, 1953, and that death occurred at 4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>St. Joseph Mo 11 State Hospital 202</u>		23c. DATE SIGNED <u>9/2 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>9/3/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buffalo New York</u>	
24d. LOCATION (City, town, or county) (State) <u>New York</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u>		ADDRESS <u>Funeral Home</u>	

DATE REC'D BY LOCAL REG. <u>Sept 19 1953</u>		REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>		FUNDING AGENCY'S SIGNATURE <u>St. Joseph, Mo.</u>	
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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 \_\_\_\_\_

Student Embalmer No. 493

working under my personal supervision.

Student Richard D. Collins

Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 395 10th St. Joseph, 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.