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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35058

State File No.

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1154

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | c. LENGTH OF STAY (in this place) 1 day | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gower 0250 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital | | d. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Giddens c. (Last) Giddens | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 1953 | | |
| 5. SEX 0 male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 3/6/1879 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farming | | 11. BIRTHPLACE (State or foreign country) Buchanan Co. Mo. 0 | |
| 12. CITIZEN OF WHAT COUNTRY? USA. | | | | | |

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| 13a. FATHER'S NAME J.H. Giddens | 13b. MOTHER'S MAIDEN NAME Sarah Briles | 14. NAME OF HUSBAND OR WIFE Jessye Giddens |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-30-0258 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessye Giddens, Gower, Mo. |
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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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | <u>1 yr +</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Valvular Stenosis</u> DUE TO (b) <u>Arteriosclerosis General</u> DUE TO (c) | | <u>1 yr +</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia Hypostatic</u> | | <u>2 wks</u> | |

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| 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) |
| 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 5-3-53, 19, to 11-5-53, 19, that I last saw the deceased alive on 11-4-53, 19, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. C. Senne MD</u> (Degree or title) | 23b. ADDRESS 207.04 S. 13th St. Joseph, Mo. | 23c. DATE SIGNED 11-6-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 11/7/1953 | 24c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery | 24d. LOCATION (City, town, or county) (State) Buchanan Co. Mo. |
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| DATE REC'D BY LOCAL REG. Nov. 9, 1953 | REGISTRAR'S SIGNATURE <u>Ruth M. Allison</u> | 4857 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John H. Murray Gower, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 H. Murray

Licensed Embalmer No.

2893

P. O. Address

Gower, 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.