

FILED NOV 30 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38359

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 128

0840

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Polk   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Polk |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Marion |  | c. CITY (If outside corporate limits, write RURAL and give township) Rural Marion  |  |
| c. LENGTH OF STAY (In this place)   |  | d. STREET ADDRESS (If rural, give location) 4 Mi. N.W. of Bolivar  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Died in the Home                                  |  |  |  |

|                                     |                 |                    |                |  |
|-------------------------------------|-----------------|--------------------|----------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Dale | b. (Middle) Samuel | c. (Last) Gile | 4. DATE OF DEATH (Month) (Day) (Year)<br>Nov. 19, 1954 |
|-------------------------------------|-----------------|--------------------|----------------|--|

|             |                        |  |                               |                                    |                        |                      |                       |                      |
|-------------|------------------------|--|-------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 6, 1915 | 9. AGE (In years last birthday) 39 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------|------------------------|--|-------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer and Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|--|--|-------------------------------------|

|                               |                                  |  |
|-------------------------------|----------------------------------|--|
| 13a. FATHER'S NAME Percy Gile | 13b. MOTHER'S MAIDEN NAME Barnes | 14. NAME OF HUSBAND OR WIFE Mrs. Louise Gile |
|-------------------------------|----------------------------------|--|

|  |                                     |   |                           |
|--|-------------------------------------|---|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.W.2 | 16. SOCIAL SECURITY NO. 494-18-1426 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Percy Gile | ADDRESS R.2. Bolivar, Mo. |
|--|-------------------------------------|---|---------------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, 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) Coronary Thrombosis with Suffering  |  |                                  |
|  | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency arteriosclerotic DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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) | 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 Aug 11, 1952 to Nov. 19, 1954, that I last saw the deceased alive on Nov. 19, 1954, and that death occurred at 2:30A m., from the causes and on the date stated above.

|                                 |                         |                             |
|---------------------------------|-------------------------|-----------------------------|
| 23a. SIGNATURE S. D. Smith M.D. | 23b. ADDRESS Bolivar Mo | 23c. DATE SIGNED Nov 22, 54 |
|---------------------------------|-------------------------|-----------------------------|

|  |                       |  |  |
|--|-----------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 21, 54 | 24c. NAME OF CEMETERY OR CREMATORY Slegle Cemetery | 24d. LOCATION (City, town, or county) (State) Polk Mo. |
|--|-----------------------|--|--|

|                                     |                                     |   |                     |
|-------------------------------------|-------------------------------------|---|---------------------|
| DATE REC'D BY LOCAL REG. 11-23-1954 | REGISTRAR'S SIGNATURE Ralph Gardner | 25. FUNERAL DIRECTOR'S SIGNATURE Pitts Funeral Home | ADDRESS Bolivar, Mo |
|-------------------------------------|-------------------------------------|---|---------------------|

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1934

DEC 30 1934

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 Sidney J. Patten

Licensed Embalmer No. 4939

P. O. Address Bolivar, 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.