

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22570**

FILED AUG 4 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>3122</u>	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY DELAWARE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) 5 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GROVE		d. STREET ADDRESS (If rural, give location) ROUTE 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOAPITAL				d. STREET ADDRESS (If rural, give location) ROUTE 1			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM ROBERT b. (Middle) GIDDENS c. (Last) GIDDENS			4. DATE OF DEATH (Month) (Day) (Year) JULY 26 1955				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 13 1884	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 9 Days 13		IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) OHIO	
10a. USUAL OCCUPATION (Give kind of work done during most of life, if not employed) RETIRED				10b. KIND OF BUSINESS OR INDUSTRY S. NAVY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME THOMAS J GIDDENS			13b. MOTHER'S MAIDEN NAME MARY ROBINSON			14. NAME OF HUSBAND OR WIFE ALTA GIDDENS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UES		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. W.R. GIDDENS GROVE, OKLAHOMA			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of the Rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 154X DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Pulmonary atelectasis, Hypostatic pneumonia, Lower Nephron Nephrosis, Adenocarcinoma of the Rectum Conditions contributing to the death but not related to the disease or condition causing death. Retrosperitoneal Hematoma					INTERVAL BETWEEN ONSET AND DEATH 2 months
19a. DATE OF OPERATION 7/23/55		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of the Rectum					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 July 28, 1954, to July 26, 1955 that I last saw the deceased alive on July 26, 1955 , and that death occurred at 5:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Pauline E. Dotson, Jr. MD				23b. ADDRESS JOPLIN MISSOURI		23c. DATE SIGNED 7/26/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/26/55		24c. NAME OF CEMETERY OR CREMATORY CHEROKEE CITY CEMETERY		24d. LOCATION (City, town, or county) (State) CHEROKEE, OKLAHOMA	
DATE REC'D BY LOCAL REG. 7-28-55		REGISTRAR'S SIGNATURE Pauline E. Dotson, Jr.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WORLEY FUNERAL HOME GROVE, OKLAHOMA			

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

County Health Office
County File Number 55-8-530
Date Filed AUG 2 1955

~~200~~ 1955

AUG 9 1956

AUG 4 1955

AUG 25 1956

MAR 12 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.