

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37206

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>493</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street & name of location) <u>726 Hampton Place</u>				STREET ADDRESS (If rural, give location) <u>726 Hampton Place</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Giltner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 22 55</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-22-1885</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John M. Giltner</u>		13b. MOTHER'S M maiden NAME <u>Ida Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Berry</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>494-18-5380</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Berry Giltner</u>		ADDRESS <u>Joplin 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				ANTECEDENT CAUSES					
DUE TO (b) <u>Coronary stenosis</u>				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) <u>arteriosclerosis H201</u>				II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac arrhythmia</u>									
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) (Min.)		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 <u>11-22</u> , 19 <u>55</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:15</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thurman Haig, M.D.</u>				23b. ADDRESS <u>Franklin Bldg - Joplin</u>		23c. DATE SIGNED <u>11-23-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-25-55</u>		REGISTRAR'S SIGNATURE <u>W. G. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Haig</u>		ADDRESS <u>Joplin Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 28 1955
Jasper County Health Office
County File Number 55-X-808
Date Filed NOV 28 1955

MAY 29 1956

FEB 9 1957

FEB 26 1957

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
Signature of Student Embalmer

Signed... *William E. Anderson*

Licensed Embalmer No. 47
P. O. Address *Joplin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.