

FILED MAY 21 1957

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 71

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Albany		0380 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 N. Water			Length of stay in lb lifetime		d. STREET ADDRESS 306 N. Water		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Samuel Middle Robert Last Giles				4. DATE OF DEATH Month May Day 12 Year 1957					
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov 12 1875		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 6 Days Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming (retired)			10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Gentry County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME James Giles				14. MOTHER'S MAIDEN NAME Anna Robertson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown.			16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs S.R. Giles			Address Albany, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mural Thrombosis DUE TO (b) also - metastatic Ca. prostate DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201H							INTERVAL BETWEEN ONSET AND DEATH sudden 2 yrs.		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Albany, Gentry, Mo		COUNTY Gentry STATE Mo			
21. I attended the deceased from 12:00 1950 to 5-12-57 and last saw ^{her} him alive on 5-12-57 Death occurred at 12:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Frank H. Rose, M.D.				(Degree or title) 0		22b. ADDRESS Albany, Mo		22c. DATE SIGNED 5-13-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 14, 57	23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. LOCATION (City, town, or county) (State) Albany, Missouri				
24. FUNERAL DIRECTOR Clifford Brooks			ADDRESS Albany, Mo.		25. DATE RECD. BY LOCAL REG. May-14-1957		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare		

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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 me..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E. Coehell.....

Licensed Embalmer No...4858

P. O. Address Albany, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.