

1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Length of stay in 1b <u>36 years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wabash Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1414 Myria</u> Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>TRUMAN</u> Last <u>GILES</u>			4. DATE OF DEATH Month <u>August</u> Day <u>8</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr-1-1901</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Gorin MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Oran Giles</u>	13b. MOTHER'S MAIDEN NAME <u>Huldah Rudd</u>	14. NAME OF HUSBAND OR WIFE <u>James W. Giles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>702-05-3453</u>	17. INFORMANT <u>Mrs. W. J. Giles</u> Address <u>Moberly MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary thrombosis</u> DUE TO (b) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u> </u> DUE TO (c) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>About 5 years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u> </u>
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>

21. I attended the deceased from 2:35 A.M. to 4:00 A.M. - 8/2/59 and last saw him alive on 8/2/59
 Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. McMurtry M.D.</u> (Degree or title) <u>Surgeon in Charge</u>	22b. ADDRESS <u>Wabash Employes' Hospital</u> <u>Moberly, Missouri</u>	22c. DATE SIGNED <u>8/3/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug-11-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>
23d. LOCATION (City, town, or county) <u>Moberly Missouri</u> (State)	24. FUNERAL DIRECTOR <u>Cater Funeral Home</u> ADDRESS <u>Moberly MO.</u>	25. DATE RECEIVED BY LOCAL REG. <u>8-4-59</u>
26. REGISTRAR'S SIGNATURE <u> </u>		(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 19 6 1

APR 28 1959

APR 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.