

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028430

FILED VS SEP 11 1959

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 140

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cass				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN #328 Richards Gebaur			Length of stay in 1b 3 Mo	c. CITY OR TOWN Richards @egaur AFB		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #328 R-G AFB (Belton Mo)			Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) #408 USAF Base (Belton)		Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) M/SGT Gene C Giles				First	Middle	Last	4. DATE OF DEATH Month Day Year 8/25/1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/27/1920	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In service			10b. KIND OF BUSINESS OR INDUSTRY U S AFB	11. BIRTHPLACE (City and state or country) Watterville, Kans		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Ray Gillum Giles			13b. MOTHER'S MAIDEN NAME Grace Elizabeth Depen		14. NAME OF HUSBAND OR WIFE Mina N Giles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) In service			16. SOCIAL SECURITY NO. 550-26-6217	17. INFORMANT Address AFB records				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Coronary Insufficiency			DUE TO (b) Coronary Arteriosclerosis		DUE TO (c) _____		Sudden Death	
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)						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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year							
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		COUNTY	STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Richard E. Johnson M.D.				(Degree or title)	22b. ADDRESS Washburn Labs. Kansas City Mo		22c. DATE SIGNED 8/26/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Renoval	23b. DATE 8/29/59	23c. NAME OF CEMETERY OR CREMATORY Mesa		23d. LOCATION (City, town, or county) Chandler, Arizona			(State)	
24. FUNERAL DIRECTOR Sheil Colonial Funeral Home K C			ADDRESS	25. DATE RECD. BY LOCAL REG. Mo. 9-3-1959	26. REGISTRAR'S SIGNATURE Mrs. Ray Seabee			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John P. Shiel

Licensed Embalmer No. 3625

P. O. Address 11924 E 4
KC 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.