

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-033186

FILED VS. OCT 5 1959 261

Registration District No. 3048 Primary Registration District No. 220 Registrar's No.

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY NODAWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARYVILLE		Length of stay in 1b 18 hrs.	c. CITY OR TOWN CONCEPTION, MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RUTH Middle ANN Last GIGGAR			4. DATE OF DEATH Month SEPT. Day 28 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-28-59	9. AGE (last birthday) —	IF UNDER 1 YEAR Months — Days — Hours — Min. —	IF UNDER 24 HR Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (City and state or country) MARYVILLE, MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME NICHOLAS GIGGAR		13b. MOTHER'S MAIDEN NAME DOROTHY SHUEY		14. NAME OF HUSBAND OR WIFE —		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT MR. NICHOLAS GIGGAR, Conception 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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 19 hrs.
DUE TO (b) Precipitous Delivery.		
DUE TO (c)		
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 checked="" type="checkbox"/> NO <input 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 10 P. Month, Day, Year SEP 28, 1959	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.)	20f. CITY, TOWN, OR LOCATION CONCEPTION COUNTY MO. STATE MO.

21. I attended the deceased from **SEP 29, 1959** to **SEP 28, 1959** and last saw her **live on SEP 28, 1959**
Death occurred at **10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. C. Drunke M.D. (Degree or title)		22b. ADDRESS Maryville Mo		22c. DATE SIGNED Oct 2, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) SERIAL	23b. DATE 9-30-59	23c. NAME OF CEMETERY OR CREMATORY ST. COLUMBA	23d. LOCATION (City, town, or county) CONCEPTION	(State) MO
24. FUNERAL DIRECTOR JEANSON FUNERAL HOME, ADDRESS Conception, Mo		25. DATE RECD. BY LOCAL REG. 10-2-59	26. REGISTRAR'S SIGNATURE Bess Bolt-	

(Licensed Embalmer's Statement on Reverse Side)

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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lois E. Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry

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.