

# UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 14 1960 374

59 0 4 6 6 3 5

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No. 41

ENDED

1. PLACE OF DEATH a. COUNTY <b>Worth County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sheridan Missouri</b>		Length of stay in 1b <b>15-years</b>		c. CITY OR TOWN <b>Sheridan Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>South West Sheridan</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 <b>Edward</b> Middle <b>William</b> Last <b>Girling Jr</b>				4. DATE OF DEATH <b>December-30-1959</b> Month <b>December</b> Day <b>30</b> Year <b>1959</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb 20-1906</b> 9. AGE (last birthday) <b>53</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>merchant</b>		11. BIRTHPLACE (City and state or country) <b>Melrowes Park Illinois U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward Girling</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Evelyn Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>Gwynetha Girling</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War Two</b>		16. SOCIAL SECURITY NO. <b>495010968</b>		17. INFORMANT <b>Gwynetha Girling Sheridan Missouri</b> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Lung</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>	
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 <b>a.m.</b> 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 <b>10-21-59</b> to <b>12-30-59</b> and last saw her alive on <b>10-28-59</b> Death occurred at <b>4am</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Frank B Matteson M D</b>		22b. ADDRESS <b>Grant City, Mo</b>		22c. DATE SIGNED <b>12/31/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan 1-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sheridan Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Sheridan Mo</b>	
24. FUNERAL DIRECTOR <b>John Anderson</b>		ADDRESS <b>Grant City Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 8-1960</b>		26. REGISTRAR'S SIGNATURE <b>Bowley Riddle</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ASSISTANT SA

**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 John Andrews, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City

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.