

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-040847

STATE FILE NUMBER

AMENDED

FILED NOV 20 1961 7 Primary Registration District No. 5513 Registrar's No. 226

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Leesville		Length of stay in lb 5 yrs		c. CITY OR TOWN Leesville Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTE 14 miles E. of Clinton				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS 14 miles E. Clinton	
3. NAME OF DECEASED (Type or print) First HALLIE Middle GIAGER Last				4. DATE OF DEATH Month November Day 10 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/23/04	9. AGE (last birthday) 57	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Mason City, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Henry Giager		13b. MOTHER'S MAIDEN NAME Mary Titus		14. NAME OF HUSBAND OR WIFE Ruth Giager			
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.		17. INFORMANT Ruth Giager, Clinton, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency DUE TO (b) Acute Coronary Artery Occlusion DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH minutes minutes	
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 11-1-61 to 11-10-61 and last saw her alive on 11-9-61 Death occurred at 6:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Clinton L. Glaspie (Degree or title)				22b. ADDRESS Clinton Mo		22c. DATE SIGNED 11/13/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 13, 1961	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove		23d. LOCATION (City, town, or county) Benton Co. - Missouri			
24. FUNERAL DIRECTOR Consalus		ADDRESS Clinton, Missouri		25. DATE RECD. BY LOCAL REG. Nov. 13, 1961		26. REGISTRAR'S SIGNATURE Willard Biggs	

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1962

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 Eugene R. Consolman

Licensed Embalmer No. 4680

P. O. Address Clinton, Md.

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.