

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2169**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray 0871	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. CITY OR TOWN Richmond	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 years		e. STREET ADDRESS (If rural, give location) 542 E. Buchanan Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 542 E. Buchanan Street			

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) WOODFORD	c. (Last) GILES	4. DATE OF DEATH (Month) (Day) (Year) Jan. 7 1955
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20, 1879	9. AGE (In years last birthday) 75	# UNDER 1 YEAR 6	MONTHS 17	# UNDER 12 HOURS 	MIN.
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry C. Giles	13b. MOTHER'S MAIDEN NAME Caroline Wilson	14. NAME OF HUSBAND OR WIFE Annie Roberts
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Giles, Richmond, Missouri	ADDRESS Richmond, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive		
	DUE TO (c) Arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 	19b. MAJOR FINDINGS OF OPERATION 	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **JAN 7 1955**, to **JAN 7 1955** that I last saw the deceased alive on **JAN 7 1955** and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE G. G. Jay	(Degree or title) 	23b. ADDRESS Richmond, Mo	23c. DATE SIGNED 1-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-11-1955	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
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DATE REC'D BY LOCAL REG. Jan 12 1955	REGISTRAR'S SIGNATURE Malcolm Jackson	273- 	25. FUNERAL DIRECTOR'S SIGNATURE Thomas A. Carter	ADDRESS Richmond, MO
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Wed Jan 12.

JAN 27 1955

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... *Thomas J. Carter*

Licensed Embalmer No... *447*

P. O. Address... *Richmond*

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.