THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1986)

STATE OF MISSOURI
CITY OF JEFFERSON } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

OCT 18 1991

Garland H Land
Garland H. Land
State Registrar of Vital Statistics

FILED MAY 30 1980

DEPARTMENT OF SOCIAL SERVICES – MISSOURI DIVISION OF HEALTH
(PHYSICIAN, MEDICAL EXAMINER OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER 124 80 011106

REGISTRATION DISTRICT NO 206 PRIMARY REGISTRATION DISTRICT NO. 3042 REGISTRAR'S NO 51

VS 300 Rev. 1/78

DECEDENT

1. DECEDENT NAME – FIRST: Charles; MIDDLE: E.; LAST: Gifford
2. SEX: male
3. DATE OF DEATH (Mo., Day, Yr.): May 25, 1980
4. RACE – (e.g., White, Black, American Indian, etc.) (Specify): white
5a. AGE – Last Birthday (Yrs.): 94
5b. UNDER 1 YEAR – MOS.: DAYS:
5c. UNDER 1 DAY – HOURS: MINS.:
6. DATE OF BIRTH (Mo., Day, Yr.): Feb. 26, 1886
7a. COUNTY OF DEATH: Madison
7b. CITY, TOWN OR LOCATION OF DEATH: Fredericktown
7c. HOSPITAL OR OTHER INSTITUTION – Name (If not in either, give street and number): Madison Memorial Hospital Fredericktown, Missouri
8. STATE OF BIRTH (If not in U.S.A. name country): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
11. SURVIVING SPOUSE (If wife, give maiden name): none
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO
13. SOCIAL SECURITY NUMBER: 500 - 26 - 0618
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner Lumber Yard (retired)
14b. KIND OF BUSINESS OR INDUSTRY: Lumber Yard Owner
15a. RESIDENCE STATE: Missouri
15b. COUNTY: Madison
15c. CITY, TOWN OR LOCATION AND ZIP CODE: Fredericktown, 63645
15d. STREET AND NUMBER: 303 Lee Street
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER NAME – FIRST: Payton; MIDDLE:; LAST: Gifford
17. MOTHER MAIDEN NAME – FIRST: Fannie; MIDDLE:; LAST: unknown

18a. INFORMANT NAME (Type or Print): Edna Boeger
18b. MAILING ADDRESS – STREET OR R.F.D. NO.: 307 Lee Street; CITY OR TOWN: Fredericktown, Missouri; STATE: 63645

DISPOSITION

19a. BURIAL CREMATION REMOVAL OTHER (Specify): Burial; DATE: 5-28-80
19b. CEMETERY OR CREMATORY NAME: Marcus Memorial Park
19c. LOCATION – CITY OR TOWN: Fredericktown, Missouri; STATE:
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Ray Wilson 1944; NUMBER:
20b. NAME OF FACILITY: Wilson Funeral Home
20c. ADDRESS OF FACILITY: Box 390 Fredericktown, Mo. 63645
21a. REGISTRAR (Signature): Mary Johnson Dep
21b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 5-29-80

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature and Title): Phillip M. Beyer D.O.
22b. DATE SIGNED (Mo., Day, Yr.): 5/27/80
22c. HOUR OF DEATH: M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Phillip M. Beyer, D.O.

To be Completed by MEDICAL EXAMINER or CORONER Only

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
23b. DATE SIGNED (Mo., Day, Yr.)
23c. HOUR OF DEATH: M
23d. PRONOUNCED DEAD (Mo., Day, Yr.) ON
23e. PRONOUNCED DEAD (Hour) AT M

24a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): 209 West Main, Fredericktown, MO 63645
24b. MO. LICENSE NO.: 32441
25. IF HOSP. OR INST. Indicate DOA or Emer. Rm. Inpatient, Outpatient: Inpatient

CAUSE OF DEATH

26. IMMEDIATE CAUSE (Enter ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Congestive Heart Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(b) Renal Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not related to cause given in PART I (a)

27. AUTOPSY (Specify Yes or No):
28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No):

29a. ACCIDENT, HOMICIDE, SUICIDE, PENDING INVEST. (Specify): Undetermined
29b. DATE OF INJURY (Mo., Day, Yr.):
29c. HOUR OF INJURY: M
29d. DESCRIBE HOW INJURY OCCURRED:
29e. WORK RELATED (Specify Yes or No):
29f. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify):
29g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)
30. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ YES ☐ NO ☐ UNK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS