

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0005391

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 2084

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

FILED 25 64

1. LAST KNOWN RESIDENCE (If outside corporate limits, give TOWNSHIP only)		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)	
a. CITY OR TOWN	Length of stay in 1b	a. STATE	b. COUNTY
POPLAR BLUFF	2 yr.	MO.	WAYNE
c. FULL NAME OF (If not in hospital, give location)		d. STREET ADDRESS (If outside, give location)	
POPLAR BLUFF		611 ARTHUR	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
IDA MAY GIFFORD			FEB 16, 1964		
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	10. IF UNDER 1 YEAR
FEMALE	WHITE		MAY 22, 1881	82	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
HOUSE WIFE			HOME		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		
BANK WAKEFIELD			SARAH WARD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT		
			HARRY GIFFORD		
14. NAME OF HUSBAND OR WIFE			Address		
PAYTON T. GIFFORD			LODI, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a)		8 hrs.	
DUE TO (b) Chronic myocarditis		10 yrs.	
DUE TO (c) Arteriosclerosis		20 yrs.	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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		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.)	
Hour a.m. p.m.		Month, Day, Year		20f. CITY, TOWN, OR LOCATION	
				COUNTY STATE	
21. I attended the deceased from 12 Nov. 63 to 2/16/64 and last saw her alive on 2/16/64					
Death occurred at 4:15P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED	
Cyril A. Post M.D.		Poplar Bluff, Mo.		2/18/64	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
BURIAL		2-18-1964		LEWIS CEM. LODI, MO.	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
GISH		2-19-1964		Thelma Graham	
ADDRESS				GREENVILLE MO.	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

Maurice E. Bowler

Licensed Embalmer No.

4426

P. O. Address

Piedmont, Mo.

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.