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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

Garland H Land

Garland H. Land
State Registrar of Vital Statistics

MAR 22 1991

DEPARTMENT OF PUBLIC HEALTH AND WELFARE -- MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORNER)

STATE FILE NUMBER

124

73 015487

CERTIFICATE OF DEATH

FILED

JUL 30 1973

Registration District No. 43 Primary Registration District No. 3002 Registrar's No. 511

VS 300
Rev. 11/72

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| DECEASED—NAME 1. Ruby Lona GIFFORD | SEX 2. female | DATE OF DEATH (MONTH, DAY, YEAR) 3. 7/15/1973 |
| RACE (SPECIFY) 4. white | AGE—LAST BIRTHDAY (YEARS) 5a. 58 | DATE OF BIRTH (MONTH, DAY, YEAR) 6. 2/10/1915 |
| CITY, TOWN, OR LOCATION OF DEATH 7a. Poplar Bluff | INSIDE CITY LIMITS? SPECIFY YES OR NO 7b. yes | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Lucy Lee Hospital |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8. Missouri | CITIZEN OF WHAT COUNTRY 9. usa | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married |
| SOCIAL SECURITY NUMBER 11. | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 12a. Housewife | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Lemuel Gifford |
| RESIDENCE—STATE 13a. Missouri | COUNTY 13b. Butler | CITY, TOWN, OR LOCATION, ZIP CODE 13c. Williamsville |
| FATHER—NAME 14a. James Sollars | MOTHER—MAIDEN NAME 14b. Emily Baily | STREET AND NUMBER 14c. R.1 |
| INFORMANT—NAME 15a. Lemuel Gifford | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 15b. R.1 Williamsville, Missouri | |
| PART I. DEATH WAS CAUSED BY: 16. Cancer of brain, postoperative, with malignant cerebral edema. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Two months | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Hypertension | AUTOPSY (YES OR NO) 17a. No | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 17b. |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 18a. | DATE OF INJURY (MONTH, DAY, YEAR) 18b. | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 16) 18c. |
| INJURY AT WORK (SPECIFY YES OR NO) 19a. | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 19b. | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 19c. |
| CERTIFICATION—PHYSICIAN 20a. 7 15 1973 | AND LAST SAW HIM/HER ALIVE ON 20b. 7 15 1973 | I DID/DID NOT VIEW THE BODY AFTER DEATH 20c. did |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER 21a. | ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED 21b. | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED 21c. 11:45 PM |
| CERTIFIER—NAME (TYPE OR PRINT) 22a. Barry B. White, M. D. | MO. LICENSE NO. 22b. 26578 | DATE SIGNED (MONTH, DAY, YEAR) 22c. 7-23-73 |
| MAILING ADDRESS—CERTIFIER 23a. 330 North Second Street | CITY OR TOWN 23b. Poplar Bluff, | STATE 23c. Missouri |
| BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. burial | CEMETERY OR CREMATORY—NAME 24b. Three Springs Cemetery | LOCATION 24c. Butler Co. Missouri |
| DATE 25a. 7/18/1973 | FUNERAL HOME—NAME AND ADDRESS 25b. Bruce-Fitch FH Box 182 Poplar Bluff, Mo. 63901 | |
| FURNERAL DIRECTOR—SIGNATURE 26a. <i>[Signature]</i> | REG. NO. 26b. 3327 | DATE RECEIVED BY LOCAL REG. REGISTRAR 26c. July 25-1973 |

USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

CAUSE

CERTIFIER

BURIAL