No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39747

FILED JAN 13 1949

Registration District No. 1849 Primary Registration District No. 5409 Registrar's No. 62

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava, Rural, Miller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Ava, Rural 5
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charley W. Giffin
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha E. Giffin
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 4, 1865 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 28 If less than one day hr. 2 min.

9. Birthplace Iberia, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Marion Giffin 6
13. Birthplace Unknown / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ----Meadows
15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)
16. (a) Informant Orva Hall
(b) Address Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Basher
18. (a) Signature of funeral director Clinkingbeard Funeral
(b) Address Ava, Missouri Home
19. (a) Jan. 3-49 (Date received local registrar) (b) Vestal Buchanan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from July, 1946 to November 22, 1948 that I last saw him alive on November 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart Disease	2 months
Due to: Chronic Myocarditis	Several years.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy 935

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R Morman (M. D. or other) MD
Address Ava Mo Date signed Dec 9, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 6
District File Number 149-49
Date Filed 1-11-49

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Chester A Roof

Licensed Embalmer No. 3044

P. O. Address Gainesville 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 this body is not embalmed, fact should be so stated above.