

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 431

14
2

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fulton D. # 3</u>	
c. LENGTH OF STAY (In this place) <u>7 Days</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 3</u>	
3. NAME OF DECEASED a. (First) <u>Everett</u> b. (Middle) _____ c. (Last) <u>Gifford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19-49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April, 20, 1902</u>
9. AGE (In years last birthday) <u>46</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shovel Operator Coal Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Montgomery Co, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Henry Gifford</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha ?</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Gifford, Fulton, Mo.</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis, Toxic</u>	
ANECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Bronchiectasis with acute bronchitis and terminal pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
DUE TO (c) <u>Abcess at right bronchial stem where right lung was removed near 1948 for bronchiectasis with lung abscess</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6 wks.</u>	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>M 2/0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>()</u>	
22. I hereby certify that I attended the deceased from <u>April 1948</u> , to <u>Jan 1949</u> , that I last saw the deceased alive on <u>18 Jan, 1949</u> , and that death occurred at <u>4:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. R. Fisher</u> (Degree or title)		23b. ADDRESS <u>Fulton Mo</u>	
23c. DATE SIGNED <u>19/Jan 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>1-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>
DATE REC'D BY LOCAL REG <u>Jan 20-1949</u>	REGISTRAR'S SIGNATURE <u>Joyce Morawick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u> ADDRESS <u>Fulton, Mo.</u>	

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

5. No
6. 10

RECEIVED
City Health Officer No. 9,
Date Filed JAN 31 1949

FEB 1 1949

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
Student Embalmer

Signed *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Hulton md*

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.