

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2382

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS 94	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELVINS ROUTE #1 Randolph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELVINS ROUTE #1	
c. LENGTH OF STAY (in this place) 35 YEARS		d. STREET ADDRESS (If rural, give location) ELVINS ROUTE #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ELVINS ROUTE #1		d. STREET ADDRESS (If rural, give location) ELVINS ROUTE #1	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) ADDISON	c. (Last) GILFFIN	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 2 1949
-------------------------------------	--------------------------	----------------------------	--------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 29, 1874	9. AGE (in years last birthday) 74	IF UNDER 24 HRS. Months 9 Days 3 Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH LEAD CO.		11. BIRTHPLACE (State or foreign country) INDIANA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH LEAD CO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME GEORGE WASHINGTON GILFFIN	13b. MOTHER'S MAIDEN NAME MARY KING	14. NAME OF HUSBAND OR WIFE NINA GILFFIN
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ARTHUR GILFFIN	ADDRESS WOETHAM MO
---	-------------------------------------	---	---------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death. 55E	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Typical chronic		
	DUE TO (c) Carcinoma of Prostate (Deep Report)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Rural Randolph St James Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from **Nov 20, 1948**, to **Dec 27, 1948**, that I last saw the deceased alive on **Dec 27, 1948**, and that death occurred at **1:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Hunter M.D.	23b. ADDRESS Leadwood Mo	23c. DATE SIGNED 1-3-49
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/4/49	24c. NAME OF CEMETERY OR CREMATORY ADAMS CEMETERY	24d. LOCATION (City, town, or county) (State) FRANKCLAY MISSOURI
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. 1-3-1949	REGISTRAR'S SIGNATURE Ethel Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Ben L. Boye	ADDRESS Leadwood Mo.
--	--	---	-----------------------------

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

RECEIVED

Health Officer No. 4

149-65

1-10-49

JAN 13

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

William E. Boyer

Student Embalmer No. 229

working under my personal supervision.

Student William E. Boyer
Student Embalmer

Signed Be L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.