

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16463**
REGISTRAR'S No. **479**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		REGISTRAR'S No. 479	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Mo			c. LENGTH OF STAY (in this place) 3mon	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo			0292
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				d. STREET ADDRESS (If rural, give location) Maple St			
3. NAME OF DECEASED (Type or Print) Nathaniel		a. (First)		b. (Middle)		c. (Last) McGiffin	
4. DATE OF DEATH May 19 1950		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 11, 1866		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 10 Days 8		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Minister			11. BIRTHPLACE (State or foreign country) Wheeling W. Virg.	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Norton McGiffin			
13b. MOTHER'S MAIDEN NAME Sarah Quail				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Blanche Sloan Greenfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10-1-49 10-1-49 4222
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-1 , 19 49 to 5-19 , 19 50 , that I last saw the deceased alive on 5-19 , 19 50 , and that death occurred at 12:40p m., from the causes and on the date stated above.							
22a. SIGNATURE Estlie R. Webb M.D.			22b. ADDRESS 609 Cherry St.		22c. DATE SIGNED 5/23/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21, 1950	24c. NAME OF CEMETERY OR CREMATORY Greenfield		24d. LOCATION (City, town, or county) (State) Greenfield Mo		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 5-23-50 W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison Greenfield Mo					

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

7087
JUL 14 1950

FEB 21 1950

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.

Signed W.P. Allison

Signed.....
Student Embalmer

Licensed Embalmer No. 11404

P. O. Address Greenfield, 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.