

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41985

State File No.

FILED JAN 3 1952

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 564

0495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper <u>0495</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin <u>0</u>	
c. LENGTH OF STAY (in this place) 5 Days		d. STREET ADDRESS (If rural, give location) 418 1/2 Main Street,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nursing Home 1809 Grand Ave			

3. NAME OF DECEASED (Type or Print) Laura	a. (First)	b. (Middle)	c. (Last) Gifford	4. DATE OF DEATH (Month) (Day) (Year) Dec 11, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>W</u>	8. DATE OF BIRTH Aug 8, 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales lady	10b. KIND OF BUSINESS OR INDUSTRY Sales work	11. BIRTHPLACE (State or foreign country) Flemingsburg, Kentucky	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME C, M. Wallingford	13b. MOTHER'S MAIDEN NAME Mary Willet	14. NAME OF HUSBAND OR WIFE John H. Gifford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Cecil A. Thornhill, Joplin, Missouri	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Cold		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 Wks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-28, 1951, to 12-11, 1951, that I last saw the deceased alive on 12-11, 1951, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. C. C. Coats MD</u> (Degree or title)	23b. ADDRESS Frisco Building, Joplin, Mo	23c. DATE SIGNED 12-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE December 12, 1951	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. <u>12-20-51</u>	REGISTRAR'S SIGNATURE <u>Ed S. James</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE <u>By Selma Kempkins</u>	ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-31-51
Jasper County Health Office

County File Number 51/12/969

Date Filed 12-31-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

W. E. Hudson

Student Embalmer No.....

Licensed Embalmer No. 4770

P. O. Address *Joplin, 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.