

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24065

State File No.

FILED AUG 4 1952

BIRTH NO.

REG. DIST. NO. 100

PRIMARY REG. DIST. NO. 5385

Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Merriam typ		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN St Louis Mo		2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION X				d. STREET ADDRESS (If rural, give location) 4497 Hunt					
3. NAME OF DECEASED (Type or Print) a. (First) Louis			b. (Middle) Everett		c. (Last) Giffin		4. DATE OF DEATH (Month) (Day) (Year) 7/24/52		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5/1733		9. AGE (In years last birthday) 19 if UNDER 1 YEAR: Months Days if UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) warehouse worker			10b. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (State or foreign country) Metropolis, Ill.			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME LANNIS GRIFFIN			13b. MOTHER'S MAIDEN NAME Wave - BIRD WOOTEN			14. NAME OF HUSBAND OR WIFE Patricia Hutson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		18. SOCIAL SECURITY NO. 491 34 5774		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lannias Giffin 3690 Laclede St. Dent, Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gunshot wound in left eye 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. E9198 19						INTERVAL BETWEEN ONSET AND DEATH	
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) vacation-river		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Sligo Dent Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/25/52 5 Pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? handling a gun. on vacation					
22. I hereby certify that I attended the deceased from X to X , 19 52 , that I last saw the deceased alive on X , 19 X , and that death occurred at 5 Pm m., from the causes and on the date stated above.									
23a. SIGNATURE Carl K. Spencer				23b. ADDRESS Salem Mo		23c. DATE SIGNED 7/25/52			
24a. BURIAL, CREMATION REMOVAL (Specify) removal		24b. DATE 7/26/52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) St Louis Mo			
DATE REC'D BY LOCAL REG. 7-26-52		REGISTRAR'S SIGNATURE M.M. Hart, M.D. by me		5. FUNERAL DIRECTOR'S SIGNATURE Carl K. Spencer		ADDRESS Salem Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

E 2721
Cox
H. V. ...330
1

AUG 28 1957

MS JUL 26 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Carl H. Gunn
Licensed Embalmer No. 2370
P. O. Address Salisbury 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

my c
State File No. 94065

State of Missouri }
County of Dent } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 22nd day of August, 1952 before me appears.....

Carl K Spencer, who, upon his oath, states that the original record of ^{birth} death

for Louis F. Giffin, ^{died} ~~born~~ July 24th, 1902 in the State of Missouri, and which was filed at Salem Mo on 7/25/, 1952 should be corrected as follows:

Item No. 3 should read Louis Edward Giffin
Instead of Louis Everett Giffin

Item No. 13a should read Lannis Giffin
Instead of Lannais Hutson

Item No. 13b should read Wave Wooten
Instead of Wave Bible

Item No. 11 should read Metropolis Ill
Instead of Metropilis Ill

Item No. should read

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Carl K Spencer Coroner
Relationship.

Salem Dent Co Mo
Present Address.

Subscribed and sworn to before me this 22nd day of August, 1954

My Commission expires May 31st 1954 Engene. B. Pines Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above.

S-24065 1952