

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1790

State File No.

FILED JAN 30 1956

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon, Missouri</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY OR TOWN <u>Richland, Mo</u>		d. Is Residence within limits of a city or incorporated town? .. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Rt. # 3</u>			
3. NAME OF DECEASED a. (First) <u>James</u>		b. (Middle) - <u>F.</u>		c. (Last) <u>Giffin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 / 17 / 56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 5, 1876</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work) <u>Eng. Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York State.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles Giffin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Fairbanks (Giffin)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jennie Giffin Richland, Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, right lower lobe</u> 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. <u>Carcinoma, mouth 490xH 4 yrs.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>	
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 <u>1-2, 1956</u> to <u>1-17, 1956</u> , that I last saw the deceased alive on <u>1-17, 1956</u> , and that death occurred at <u>6:00 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>Lebanon, Missouri</u>		23c. DATE SIGNED <u>1-19-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, Mo Rural</u>	
DATE REC'D BY LOCAL REG. <u>1-19-1956</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hlay</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedges Funeral Home Richland, Mo</u>			

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

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JAN 21 1956

Received 1-28-56
Laclede County Health Unit
File No. 7
Date Filed 1-28-56

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.....
Signature of Student Embalmer

Signed Walter J. Redger

Licensed Embalmer No. 426

P. O. Address Berlin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.