X X

S. No. 300
Rev. 10.48

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4540 State File No. 22617

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 62-56 Registrar's No. 56

3

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

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GREENVILLE
c. LENGTH OF STAY (In this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILL
b. COUNTY: COOK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHICAGO
d. STREET ADDRESS (If rural, give location): 1033 E 46th St.

3. NAME OF DECEASED (Type or Print)
a. (First): MURRY
b. (Middle):
c. (Last): GILFORD

4. DATE OF DEATH (Month) (Day) (Year): JUNE 30 56

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 1, 1925
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PACKINGHOUSE WORKER
10b. KIND OF BUSINESS OR INDUSTRY: PACKINGHOUSE
11. BIRTHPLACE (State or foreign country): LA.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Morgan Gilford
13b. MOTHER'S MAIDEN NAME: unk.
14. NAME OF HUSBAND OR WIFE: Christine Gilford
Chicago

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 452-26-3337
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS

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): Basal Skull Fracture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Car accident
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Greenville, Mo.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Greenville Wayne Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 30 56 3:50 AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 350 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marvin E Bowles Coroner
23b. ADDRESS: Piedmont, Mo.
23c. DATE SIGNED: June 30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: July 1-1956
24c. NAME OF CEMETERY OR CREMATORY: LOCAL CEM.
24d. LOCATION (City, town, or county) (State): BEAUMONT TEXAS

DATE REC'D BY LOCAL REG.: July 2, 1956
REGISTRAR'S SIGNATURE: Gretta M. Ward
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Gish Funeral Home by Marvin E Bowles Greenville Mo.

495

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 2 1956
WAYNE CO. HEALTH CENTER
FILE No.

JUL 19 1956

AUG 17 1956

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 me, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, Me

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.