

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017691

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 99

FILED MAY 14 1962

VS 300  
Rev. 4/59

1 1007  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |  |  |  |
|---|--|--|--|
| 1. <b>FILED OF DEATH</b><br>a. COUNTY <u>Scott</u>  |  | 2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>   |  | Length of stay in 1b <u>2 days</u>   | c. CITY OR TOWN <u>East Prairie</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community</u>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                    |
| 3. <b>NAME OF DECEASED</b> (Type or print) First <u>Sylvia</u> Middle <u>Diane</u> Last <u>Gifford</u>  |  | 4. <b>DATE OF DEATH</b> Month <u>4</u> Day <u>26</u> Year <u>62</u>  |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. <b>DATE OF BIRTH</b> <u>4-24-62</u>   |
| 10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>  |  | 10b. <b>KIND OF BUSINESS OR INDUSTRY</b>   | 9. <b>AGE</b> (last birthday) <u>24</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  |
| 11. <b>BIRTHPLACE</b> (City and state or country) <u>Sikeston, Mo.</u>  |  | 12. <b>CITIZEN OF WHAT COUNTRY</b> <u>USA</u>  |  |
| 13a. <b>FATHER'S NAME</b> <u>John L. Gifford</u>  |  | 13b. <b>MOTHER'S MAIDEN NAME</b> <u>Reva Walker</u>  | 14. <b>NAME OF HUSBAND OR WIFE</b> <u>None</u>   |
| 15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  | 16. <b>SOCIAL SECURITY NO.</b> <u>None</u>   | 17. <b>INFORMANT</b> <u>Reva Gifford, East Prairie, Mo.</u> Address  |
| 18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hyaline membrane disease</u><br>DUE TO (b) <u>Prematurity</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | 20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. <b>TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____  | 20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                  | 20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. <b>CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____   |
| 21. I attended the deceased from <u>4-24-62</u> to <u>4-26-62</u> and last saw her/him alive on <u>4-26-62</u> .<br>Death occurred at <u>6:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |  |  |
| 22a. <b>SIGNATURE</b> <u>[Signature]</u> (Degree or title) <u>MD</u>  |  | 22b. <b>ADDRESS</b> <u>Charleston Mo</u>   | 22c. <b>DATE SIGNED</b> <u>4-28-62</u>   |
| 23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>  | 23b. <b>DATE</b> <u>4.26-1962</u>  | 23c. <b>NAME OF CEMETERY OR CREMATORY</b> <u>W.O.W Cemetery</u>  | 23d. <b>LOCATION</b> (City, town, or county) (State) <u>East Prairie, Missouri</u>   |
| 24. <b>FUNERAL DIRECTOR</b> <u>Travis Shelby, East Prairie, Mo.</u> ADDRESS   |  | 25. <b>DATE RECD. BY LOCAL REG.</b> <u>5-8-1962</u>  | 26. <b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>  |

Permit issued - April 26 - 1962

**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 *Francis Shelby Jr.*

Licensed Embalmer No. 4960

P. O. Address East Prairie, 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.