

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 313

9402

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) Eureka	
c. LENGTH OF STAY (in this place) 22Y:8M:20ds.		4. DATE OF DEATH (Month) (Day) (Year) August 20, 1951	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA		b. (Middle) GIFFORD	
c. (Last) GIFFORD		4. DATE OF DEATH (Month) (Day) (Year) August 20, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married (?)	8. DATE OF BIRTH Abt. 1876
9. AGE (In years last birthday) Abt. 75		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Morse Mill, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE 2nd - Gene Gifford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis - - - - -		INTERVAL BETWEEN ONSET AND DEATH 10 das.	
ANTECEDENT CAUSES DUE TO (b) Generalized arteriosclerosis - - -		Unknown.	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Paranoid Praecox Psychosis - - - -	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION 332X			
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 August 10, 1951 , to August 20, 1951 , that I last saw the deceased alive on August 20, 1951 , and that death occurred at 2:45P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) <i>John D. Brennan, M.D.</i>		23b. ADDRESS State Hospital No. 4, Farmington, Mo.	
23c. DATE SIGNED 8-21-51.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-22-51	24c. NAME OF CEMETERY OR CREMATORY Morse Mill Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson County, Missouri
DATE REC'D BY LOCAL REG. Sept. 25, 1951	REGISTRAR'S SIGNATURE <i>Esther R. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thiebes Funeral Home, Pacific, Mo.	

DISTRICT HEALTH OFFICE No. 4

OCT 2 1951

RECEIVED

SEP 13 1955

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 _____
Student Embalmer

Signed

Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.