

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29508**

FILED OCT 1 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **978**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 22 yrs.		d. STREET ADDRESS (If rural, give location) 1609 Boyd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1609 Boyd Street		e. STREET ADDRESS (If rural, give location) 1609 Boyd Street	

3. NAME OF DECEASED (Type or Print) a. (First) Ulrick b. (Middle) Epworth c. (Last) Gifford			4. DATE OF DEATH (Month) (Day) (Year) September 19, 1951.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 23, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller		10b. KIND OF BUSINESS OR INDUSTRY Quaker Oats Co.		11. BIRTHPLACE (State or foreign country) Dwight, Illinois.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Edward Gifford		13b. MOTHER'S MAIDEN NAME Emily Dickson		14. NAME OF HUSBAND OR WIFE Nora B. Gifford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nora B. Gifford ADDRESS St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 40 days unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)	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 **9-15**, 19**51**, to **9-19**, 19**51**, that I last saw the deceased alive on **9-18**, 19**51**, and that death occurred at **10:50P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clement P. [Signature]	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 9-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 24, 1951	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. Sept. 25, 1951	REGISTRAR'S SIGNATURE Carl C. Casler	25. FUNERAL DIRECTOR'S SIGNATURE Walter Reichhoffer ADDRESS St. Joseph, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0119

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.....

Raymond H. Morehead

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.