

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2058

State File No. ....

S. No. 306 FILED FEB 4 1952  
V. 10.48

BIRTH NO. 38205-51 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5190 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wolf Island Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wolf Island Twp.</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>10 mi. S.E. of East Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi. S.E. of East Prairie</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>BERNICE</u> c. (Last) <u>GIFFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 13, 1951</u>	9. AGE (In years last birthday) <u>6</u> 27	IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Miss. Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harry Gifford</u>	13b. MOTHER'S MAIDEN NAME <u>Gally Denton</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Gifford - East Prairie, Mo.</u>	ADDRESS <u>East Prairie, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		
	ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>streptococcal infection of throat.</u> DUE TO (c) <u>throat.</u>		
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 <u>0530</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 9, 1952, to Jan 9th, 1952, that I last saw the deceased alive on Jan 9, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Martin M.D.</u> (Degree or title)	23b. ADDRESS <u>East Prairie, Mo.</u>	23c. DATE SIGNED <u>1-27-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>	24d. LOCATION (City, town, or county) (State) <u>Miss. Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-28-52</u>	REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u> 1970	FUNERAL DIRECTOR'S SIGNATURE <u>Maris Shelby East Prairie</u>	ADDRESS <u>East Prairie</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 31 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed FEB 1 1952

**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 \_\_\_\_\_

*not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Travis Shelby*

Licensed Embalmer No. *2726*

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 this body is not embalmed, fact should be so stated above.