

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3790**

FILED FEB 11 1952

BIRTH NO. _____ REG. DIST. NO. **370** PRIMARY REG. DIST. NO. **6254** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coldwater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coldwater	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Samson c. (Last) Gifford			4. DATE OF DEATH (Month) (Day) (Year) 2/1/52		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/17/1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Coldwater, Mo.	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Bailey Payton Gifford		13b. MOTHER'S MAIDEN NAME Frances Barker		14. NAME OF HUSBAND OR WIFE Carrie J. Wakefield	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie J. Gifford Coldwater, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crippling Paralysis		INTERVAL BETWEEN ONSET AND DEATH years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 3560		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. A. Myer M. D.		23b. ADDRESS Coldwater, Mo.		23c. DATE SIGNED 2/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/3/52		24c. NAME OF CEMETERY OR CREMATORY Paulus Cem.	
				24d. LOCATION (City, town, or county) (State) Coldwater, Mo.	

DATE REC'D BY LOCAL REG. FEB 7 52		REGISTRAR'S SIGNATURE Mabel Beasley		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash Funeral Home Greenville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 8 1952

WAYNE CO. HEALTH CENTER

FILE No. 252-16

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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont, 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.