U.S. No. 300
REV. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 - 1952

State File No. 30549

BIRTH NO. 57948 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY Vernon 1082
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NEVADA
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nevada City Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bronaugh 1080
d. STREET ADDRESS (If rural, give location) R.R.

3. NAME OF DECEASED (Type or Print)
a. (First) Judy b. (Middle) Faye c. (Last) Gulliford

4. DATE OF DEATH (Month) (Day) (Year) Aug 11, 1952

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) INFANT

8. DATE OF BIRTH Aug 11, 1952

9. AGE (In years last birthday) 0 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours [redacted] Min. 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Nevada Missouri

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME T. V. Gulliford

13b. MOTHER'S MAIDEN NAME Thelma Couch

14. NAME OF HUSBAND OR WIFE

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 T.V. Gulliford **ADDRESS** Moundville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation due to two loops of umbilical cord tight around neck — INTERVAL BETWEEN ONSET AND DEATH: ?

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 7610

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 11, 1952, *to* Aug 11, 1952, *that I last saw the deceased alive on* Aug 11, 1952, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE James J Parson (Degree or title) MD

23b. ADDRESS Nevada Missouri

23c. DATE SIGNED Aug 14 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug 12, 1952

24c. NAME OF CEMETERY OR CREMATORY Worsley Cemetery

24d. LOCATION (City, town, or county) (State) Bronaugh Mo

DATE REC'D BY LOCAL REG. 8-27-52

REGISTRAR'S SIGNATURE Anna E. Ferry 451

25. FUNERAL DIRECTOR'S SIGNATURE Eichinger Funeral Home **ADDRESS** Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.