t. Health,
& Welfare
S. Public
th Service

.S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED DEC 9 - 1957

42866
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2908

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Co Hosp. — Length of stay in 1b 4 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY JEFFERSON
c. CITY OR TOWN EUREKA 0500 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS Local (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Eugene Middle B. Last Gifford
4. DATE OF DEATH Month Day Year Nov. 19 - 1957
5. SEX M
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH JAN 30 - 1883
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months 9 Days 19 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) OAKDALE TENN
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN T GIFFORD
14. MOTHER'S MAIDEN NAME EMILY BOURIE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 489-28-2281
17. INFORMANT John GIFFORD, Brother Address 1184 North South Rd University City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Post operative Cholecystectomy c̄ Wound disruption 491X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-22-57, to Nov. 19-1957 and last saw ~~her~~ him alive on Nov. 19, 1957
Death occurred at 3 05 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard H. King M.D.
22b. ADDRESS 601 S. Brentwood
22c. DATE SIGNED 11-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11/22/57
23c. NAME OF CEMETERY OR CREMATORY MORSE MILL CEM.
23d. LOCATION (City, town, or county) MORSE MILL — (State) MO

24. FUNERAL DIRECTOR Brimmer Tim Home ADDRESS House Springs Mo
25. DATE RECD. BY LOCAL REG. 11-21-57
26. REGISTRAR'S SIGNATURE Herbert B. Donahue M.D.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Clarence M. Bill

Licensed Embalmer No. 437

P. O. Address St. Charles Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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