

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-040806

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 184

AMENDED

FILED DEC 4 1961

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| 1. PLACE OF DEATH a. COUNTY GRUNDY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GRUNDY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MADISON TWP. | | Length of stay in 1b 30 YRS. | c. CITY OR TOWN MADISON TWP. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 Mi. N.W. of Trenton | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 8 Mi. N.W. of Trenton Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle VIRGIL Last GIFT | 4. DATE OF DEATH Month NOVEMBER Day 21 Year 1961 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/2/1899 | 9. AGE (last birthday) 62 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and state or country) CHULA, MISSOURI | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME WILLIAM E. GIFT | 13b. MOTHER'S MAIDEN NAME ELIZABETH SAYER | 14. NAME OF HUSBAND OR WIFE OPAL TREON |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) NO | 17. INFORMANT Address Mrs. Opal Gift, Trenton, Missouri |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>270</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary arteriosclerosis</u> | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from Nov 21 61 to _____ and last saw ^{her}him alive on Nov 16 61
Death occurred at 2:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <i>E. J. Zaccaria MD</i> | 22b. ADDRESS Trenton, Mo. | 22c. DATE SIGNED 11/24/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 11/24/61 | 23c. NAME OF CEMETERY OR CREMATORY PLAINVIEW CEMETERY | 23d. LOCATION (City, town, or county) (State) CHULA, MISSOURI |
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| 24. FUNERAL DIRECTOR ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo. | 25. DATE RECD. BY LOCAL REG. 11-27-61 | 26. REGISTRAR'S SIGNATURE <i>Dorene Fair</i> |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 _____
Signature of Student Embalmer

Signed Elton F. Norman

Licensed Embalmer No. 4036
P. O. Address Chillicothe, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.