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

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13240

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN Maryville (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Francis Hospital

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

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Edgar
c. (Last) Griffith

4. DATE OF DEATH (Month) 4 (Day) 3 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 8-12-1879
9. AGE (In years last birthday) 69 — If under 1 year: Months 7, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant
10b. KIND OF BUSINESS OR INDUSTRY grocery store
11. BIRTHPLACE (State or foreign country) Redding, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jethro Griffith
13b. MOTHER'S MAIDEN NAME Mariah Glover
14. NAME OF HUSBAND OR WIFE Maude Griffith

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. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Griffith, **ADDRESS** Redding, Iowa

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) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral hemorrhage — 3 wks

DUE TO (c) General arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerosis — 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Feb 17, 1949, *to* April 3, 1949, *that I last saw the deceased alive on* April 3, 1949 *and that death occurred at* 3:10 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE B. H. Bland (Degree or title) M.D.
23b. ADDRESS Maryville, Mo.
23c. DATE SIGNED 4-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 4-5-1949
24c. NAME OF CEMETERY OR CREMATORY Redding Cemetery
24d. LOCATION (City, town, or county) Redding, Iowa (State)

DATE REC'D BY LOCAL REG. 4-16-49
REGISTRAR'S SIGNATURE Bess Hall 229
25. FUNERAL DIRECTOR'S SIGNATURE Jack C. Dunfee **ADDRESS** Grant City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.