

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18684**

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 673
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph,		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1601 South 32nd.,		d. STREET ADDRESS (If rural, give location) 1601 So. 32nd.,		
3. NAME OF DECEASED (Type or Print) a. (First) Geneveive		b. (Middle) Griffith		c. (Last) Morrison
4. DATE OF DEATH (Month) (Day) (Year) June 14, 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1909	9. AGE (In years last birthday) 40 IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME John Thomas Griffith		13b. MOTHER'S MAIDEN NAME Nancy Martin Davis		14. NAME OF HUSBAND OR WIFE Kendall L. Morrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 509-18-5777		17. INFORMANT'S SIGNATURE OR NAME Kendall L. Morrison ADDRESS St. Joseph, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide, by Gunshots.</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Woman shot herself while alone in her home, with a semi-automatic .32 caliber revolver.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Two bullets entered her upper abdomen and exit through the back near the same level.		DUE TO (c) Two suicide notes were left.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Her home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 14 1949 11:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Woman shot herself		
22. I hereby certify that I attended the deceased from on 6/14, 1949 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) H. F. Mundy MD (Coroner)		23b. ADDRESS 404 So. 32nd St St. Joseph, Mo.		23c. DATE SIGNED 6/15/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/16/1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. June 20, 1949	REGISTRAR'S SIGNATURE E. C. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Walter Heierhoffer, St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1942

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, ~~one~~

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Raymond W. Morehead*

Licensed Embalmer No. *4413*

P. O. Address *St Joseph -*

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.