

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

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27425

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
64  
34

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>270</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>811 Walnut St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Elizabeth Hospital (I)</u>				d. STREET ADDRESS (If rural, give location) <u>811 Walnut St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barton</u> b. (Middle) <u>F</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 12 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 23 1878</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retiree</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Frankford Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retiree</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Frankford Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Griffith</u>			13b. MOTHER'S MAIDEN NAME <u>Nota Fox</u>		14. NAME OF HUSBAND OR WIFE <u>Leona</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leona Griffith, 811 Walnut, Hannibal Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Hypertension</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Kidney stones</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 yr.</u> <u>4201</u> <u>?</u>	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/9</u> , 19 <u>49</u> to <u>8/12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/11</u> , 19 <u>49</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert H. ...</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gracypien Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/10/49</u>		REGISTRAR'S SIGNATURE <u>M. E. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James O. Donnell</u>		ADDRESS <u>Hannibal Mo</u>	

(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 *Michael J. O'Sonnel* .....

Licensed Embalmer No. *3246* .....

P. O. Address *Hannibal 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.