S. No. 300
Rev. 10.48

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

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29463

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 320

1. PLACE OF DEATH
a. COUNTY: Calleway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia, Mo
d. STREET ADDRESS (If rural, give location): 1011 South ~~Osage~~ Osage

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): May
c. (Last): Griffey

4. DATE OF DEATH (Month): 9 (Day): 19 (Year): 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 8, 1882
9. AGE (In years last birthday): 66 — If under 1 year: Months 9, Days 11 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: George Sclagle
13b. MOTHER'S MAIDEN NAME: Sophia Walburn
14. NAME OF HUSBAND OR WIFE: C. J. Griffey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: C. J. Griffey, Sedalia, Mo

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Don't know

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic atrophic Gastritis
DUE TO (c) Chronic interstitial nephritis — 592A

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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* Sept 2, 1949, *to* Sept 19, 1949, *that I last saw the deceased alive on* Sept 19, 1949, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. P. Price (Degree or title): M.D.
23b. ADDRESS: State Hospital Fulton Mo
23c. DATE SIGNED: 9-20-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 20-1949
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem
24d. LOCATION (City, town, or county) (State): Sedalia, Mo.

DATE REC'D BY LOCAL REG.: Sept 20-1949
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D. W. Heckart Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 27 1949
District Health Officer No. 9,
District File Number_____

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed D.W. Heckart

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.