

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34474

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>219</u>		PRIMARY REG. DIST. NO. <u>5791</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Burris Fork</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Burris Fork</u>			
c. LENGTH OF STAY (in this place) <u>1 mo.</u>				d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-49</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Cora</u>		b. (Middle) <u>Mariah</u>		c. (Last) <u>Griffin</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 9 1864</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 1 YEAR Days <u>1</u>		IF UNDER 24 HRS. Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Latham, Missouri</u>		12. CITIZEN OF WHAT COUNTRY. <u>U.S.</u>	
13a. FATHER'S NAME <u>George Pettigrew</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes Hall</u>			14. NAME OF HUSBAND OR WIFE <u>William Chevington Griffin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Iva Griffin Russellville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. _____ DUE TO (b) _____ _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>334X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Oct 4, 1949</u> , to <u>Oct 9, 1949</u> , that I last saw the deceased alive on <u>Oct 9, 1949</u> , and that death occurred at <u>12:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Mr. L. Leslie M.D.</u>				23b. ADDRESS <u>Russellville Mo</u>		23c. DATE SIGNED <u>10-11-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Enloe</u>		24d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/20/49</u>		REGISTRAR'S SIGNATURE <u>C. H. Nail</u> 198		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russellville</u>			

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

-----District File Number-----

District Health Officer No. 9

RECEIVED
OCT 26 1949

MAY
8 1950

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 Hugo H. Schubert

Licensed Embalmer No. 2870

P. O. Address Russellville, 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.