

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36992

State File No. \_\_\_\_\_

FILED NOV 25 1949

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>139</u>			
1. PLACE OF DEATH a. COUNTY <u>Lundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lundy</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Junction</u>		c. LENGTH OF STAY (in this place) <u>19 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Junction</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1549 Carnea St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ODESSA</u> b. (Middle) <u>FAY</u> c. (Last) <u>ECKERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 2 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>March 5, 1910</u>			
9. AGE (In years last birthday) <u>39</u>		10. MONTHS <u>6</u>		11. DAYS <u>29</u>		12. IF UNDER 1 YEAR Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (State or foreign country) <u>Puch Spungo, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Edwin Griffin</u>			13b. MOTHER'S MAIDEN NAME <u>Blanche Dolow</u>						
15. WAS DECEASED EVER IN THE ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>500-52-0204</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Shirley</u>			ADDRESS <u>Junction</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>Carcinoma of Uterus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</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.				<u>174X</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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>May 29 1949</u> , to <u>Oct 2, 1949</u> , that I last saw the deceased alive on <u>Oct 1, 1949</u> and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. A. Guffy M.D.</u> (Degree or title)				23b. ADDRESS <u>Junction Mo</u>			23c. DATE SIGNED <u>Oct 4-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 5 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lundy Co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-5-49</u>		REGISTRAR'S SIGNATURE <u>Jene Law</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Davis</u>		ADDRESS <u>Junction, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

40  
1  
2

S. No. 300  
V. 10-48



**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 \_\_\_\_\_

*myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

*Walter E. Meyer*

Licensed Embalmer No. \_\_\_\_\_

*4491*

P. O. Address \_\_\_\_\_

*Trenton, 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.