

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40126**
60
Registrar's No. **60**

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004**

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR	c. LENGTH OF STAY (In this place) 24 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BARTON COUNTY MEMORIAL HOSP.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) MADGEDELENE	b. (Middle)	c. (Last) GRIFFITH	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 22, 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH AUGUST 8, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESLADY		10b. KIND OF BUSINESS OR INDUSTRY RETAIL STORE		11. BIRTHPLACE (State or foreign country) HONEY BEND, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME THOMAS McELFRESH	13b. MOTHER'S MAIDEN NAME MARY BANDY	14. NAME OF HUSBAND OR WIFE WILLIAM GRIFFITH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) **** 495-01-7766	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nell Clow,	ADDRESS LAMAR, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of uterus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION July 1949	19b. MAJOR FINDINGS OF OPERATION Cancer of uterus	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 7, 1949**, to **Dec. 22, 1949**, that I last saw the deceased alive on **Dec. 21, 1949**, and that death occurred at **3:25 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jern T. Bichel, MD	23b. ADDRESS Lamar, Mo.	23c. DATE SIGNED 12/23/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DECEMBER 23, 1949	24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY	24d. LOCATION (City, town, or county) (State) LAMAR MISSOURI
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DATE REC'D BY LOCAL REG. 12/23/49	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME	ADDRESS LAMAR, MISSOURI
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1951-9-15

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RECEIVED DEC 28 1949

District Health Office No. 6,

District File Number 1249-1489

Date Filed 12-28-49

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

Walter J. Konantz

Student Embalmer No. 319

working under my personal supervision.

Student

Walter J. Konantz
Student Embalmer

Signed

Carl H. Konantz

Licensed Embalmer No. 2267 2247

P. O. Address Lamar, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.