

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

FILED MAY 10 1950

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 51

1. PLACE OF DEATH

a. COUNTY Pike

b. CITY (If outside corporate limits, write RURAL and give town) Louisiana

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo. b. COUNTY Pike

c. CITY (If outside corporate limits, write RURAL and give township) Louisiana

d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED

a. (First) Hester b. (Middle) Ann c. (Last) Griffith

4. DATE OF DEATH April 28, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 9/1/1872 9. AGE (In years last birthday) 77 if UNDER 1 YEAR Months 7 Days 27 if UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Berry, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Stauffer 13b. MOTHER'S MAIDEN NAME Lovina Winter 14. NAME OF HUSBAND OR WIFE Joseph Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Mrs. Emyl VanStrain ADDRESS Louisiana, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Renal Failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension and

DUE TO (c) Hydronephrosis &

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Renal Calculi left

INTERVAL BETWEEN ONSET AND DEATH 2 wks

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) Mo (STATE) 2X

21d. TIME OF INJURY (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Hour) \_\_\_\_\_ (Min) \_\_\_\_\_ 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 1947 to 4-28, 1950, that I last saw the deceased alive on 4-28, 1950, and that death occurred at II:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Chas. H. Linnell (Degree or title) J.M.D. 23b. ADDRESS Louisiana, Mo. 23c. DATE SIGNED 4-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/30/1950 24c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery 24d. LOCATION (City, town, or county) (State) Pike County, Missouri

DATE REC'D BY LOCAL REG. Apr 29, 1950 REGISTRAR'S SIGNATURE Berniece Callier 374 FUNERAL DIRECTOR'S SIGNATURE George O. Wagner ADDRESS Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

8210

RECEIVED

MAY 6

1950

District Health Officer No. 1

District File Number 5-50-77

Date Filed \_\_\_\_\_

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 .....  
Student Embalmer

~~Student Embalmer No.~~

Signed

*George C. Wagner*

Licensed Embalmer No.

*3773*

P. O. Address

*Louisiana, 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.