

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24377
Registrar's No. 175

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Des Moines</u>	
c. LENGTH OF STAY (In this place) <u>5 weeks</u>		8.14.0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1168 Harding Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>	b. (Middle) <u>ARTHUR</u>	c. (Last) <u>MCGRIFF</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July - 18 - 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov-25-1880</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>69 7 23</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Conductor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Medora Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Conrad Perry McGriff</u>	13b. MOTHER'S MAIDEN NAME <u>Ermina Vest</u>	14. NAME OF HUSBAND OR WIFE <u>Lena McGriff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>703-01-1257</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena McGriff</u>	ADDRESS <u>Des Moines Ia.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<u>2 years</u>
	DUE TO (b) <u>Arteriosclerosis due to changes of age</u>		
	DUE TO (c) <u>None</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>4500</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 June 7, 1950, to July 18, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry K Baker M.D.</u>	(Designation of Signer) <u>WABASH EMPLOYEES HOSPITAL</u>	23c. DATE SIGNED <u>July 18 '50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 18-50</u>	24c. NAME OF CEMETERY OR CREMATOR (City, town, or county) (State) <u>Moberly, Mo. Des Moines Iowa</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jul 18-50</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Coyle Snow Funeral Home Moberly Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC 24 1950

SEP 1 1960

RECEIVED JUL 24 1950
District Health Officer No. 10
District File Number Z-SD-1204
Date Filed JUL 31 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. M. Cater

Signed.....
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Proberly 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.