S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30914

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. 343

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): 1½ year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Plato Star Rt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0530
d. STREET ADDRESS (If rural, give location): Plato Star Rt. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Della
b. (Middle): Ardelia
c. (Last): Griffin

4. DATE OF DEATH (Month) (Day) (Year): Sept 19 1950

5. SEX: F 1

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Jan 23 1886

9. AGE (In years last birthday): 64
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Andrew Mace

13b. MOTHER'S MAIDEN NAME: Ester Kesling

14. NAME OF HUSBAND OR WIFE: A.A. Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: A.A. Griffin
ADDRESS: Lebanon 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 37 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 334X

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) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* 9 P.M./18, 1950, *to* 9/19, 1950, *that I last saw the deceased alive on* 9/19, 1950, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: James L. Hope, M.D. (Degree or title) 0

23b. ADDRESS: Lebanon, Mo

23c. DATE SIGNED: 9/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 21, 1950

24c. NAME OF CEMETERY OR CREMATORY: Morgan Cemetery

24d. LOCATION (City, town, or county) (State): Morgan Mo.

DATE REC'D BY LOCAL REG.: 9-22-1950

REGISTRAR'S SIGNATURE: Nella L. Klay 424

25. FUNERAL DIRECTOR'S SIGNATURE: Palmer's
ADDRESS: Lebanon, Mo

(Licensed Embalmer's Statement on Reverse Side)

Received SEP 30 1950
Laclede County Health Unit
File No. OCT 2 - 1950 9-50-145
Date Filed

OCT 1 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 S R Palmer Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4811

P. O. Address Lebanon

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.