

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31281

State File No. ....

BIRTH NO. 60297-50 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 510

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton township</u> <u>0800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>—</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>KATHRYN</u>	b. (Middle) <u>YVONNE</u>	c. (Last) <u>GRIFFIN</u>
4. DATE OF DEATH	(Month) <u>SEPT.</u>	(Day) <u>24</u>	(Year) <u>1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 14 1950</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 12 HRS. Days <u>10</u> Hours <u>—</u> Min. <u>—</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>FRANK LEONARD GRIFFIN</u>	13b. MOTHER'S MAIDEN NAME <u>WILMA WINIFRED WAGENKNECHT</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK GRIFFIN - SMITHTON, MO</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mesenteric thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral haemorrhage</u> <u>Pneumonia</u>		7543	

19a. DATE OF OPERATION <u>7-25-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Atresia (congenital) of Pylorus &amp; Stomach</u>	20. AUTOPSY? YES <input checked="" 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? <u>fall</u>

22. I hereby certify that I attended the deceased from Sept 14, 1950, to Sept 24, 1950, that I last saw the deceased alive on Sept 24, 1950, and that death occurred at 4:25 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Gordon Bauffe MD</u>	23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>9-24-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>
24d. LOCATION (City, town, or county) (State) <u>Smithton MO</u>		

DATE REC'D BY LOCAL REG. <u>9-24-1950</u>	REGISTRAR'S SIGNATURE <u>Chas. Gordon Bauffe</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Hemminger</u>	ADDRESS <u>Smithton MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

804

RECEIVED 10-9-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-9-50

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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3912

P. O. Address Smithton 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.