

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 32551

0061
 0

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

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Barton</u>		b. STATE <u>Missouri</u>		b. COUNTY <u>Barton</u>			
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. LENGTH OF STAY (in this place) <u>58 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden City</u>		<u>0061</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ELLA</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>GRIESEL</u>	(Month) <u>Oct.</u>	(Day) <u>10,</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>Widowed</u>	8. DATE OF BIRTH <u>July 21, 1872</u>	9. AGE (In years less birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Windsor, Henry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry C. Draper</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Ellis</u>		14. NAME OF HUSBAND OR WIFE <u>John Adam Griesel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claude Whittle, Golden City, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Rt ovary</u>				<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANCECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS:					
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>175X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>July 1, 1950</u> to <u>Oct 10, 1950</u> , that I last saw the deceased alive on <u>Oct 10, 1950</u> , and that death occurred at <u>12:52</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. P. Cain</u> (Degree or title)				23b. ADDRESS <u>Lamar</u>		23c. DATE SIGNED <u>10/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Golden City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10/13/1950</u>		REGISTRAR'S SIGNATURE <u>Marie Konarski</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phillips Funeral Home, Golden City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

OCT 16 1950

Dist. File 10-20-8118
Date Filed 10-16-50

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.....
Student Embalmer

Signed

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.