

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37797

BIRTH NO. _____		REG. DIST. NO. <u>218</u>	PRIMARY REG. DIST. NO. <u>4330</u>	Registrar's No. <u>9</u>
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>		
b. CITY (If outside corporate limits, write R.U.R., and give township) OR TOWN <u>East Prairie</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write R.U.R., and give township) OR TOWN <u>East Prairie 0674</u>		
		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PAMALA</u>	b. (Middle) <u>SUE</u>	c. (Last) <u>GRIFFITH</u>
		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 12, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Dec. 13, 1948</u>	9. AGE (In years last birthday) <u>1</u> 10. <u>10</u> 11. <u>29</u> 12. <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid Co., Mo?</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Queen Parker</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John Griffith - East Prairie, Mo.</u> ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Infantile paralysis (supp report)</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>#</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) _____		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>Nov. 10, 1950</u> , to <u>Nov. 12, 1950</u> , that I last saw the deceased alive on <u>Nov. 12, 1950</u> , and that death occurred at <u>10:10 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>A. J. Martin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>East Prairie Mo.</u>		23c. DATE SIGNED <u>11-22-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. & W. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-27-50</u>	REGISTRAR'S SIGNATURE <u>Trude G. Harper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Shelly</u> ADDRESS <u>East Prairie</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

MAR 1 1951

400-51501

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

J. W. Shelby

Licensed Embalmer No. _____

2720

P. O. Address _____

East Prarie, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.