

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41683

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. 3049 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY Demiseot
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Demiseot
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti 0781
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Hugh b. (Middle) Griffin c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) Dec 29 1950

5. SEX Male 6. COLOR OR RACE negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown 8. DATE OF BIRTH Unknown about 76 9. AGE (In years last birthday) about 76 IF UNDER 1 YEAR Months _____ YEAR Days _____ IF UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Day labor hired 10b. KIND OF BUSINESS OR INDUSTRY farm work 11. BIRTHPLACE (State or foreign country) Unknown 12. CITIZEN OF WHAT COUNTRY? 9

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Friends ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerular Nephritis
ANTECEDENT 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. Congestive heart failure 592X

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) (Minute) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Clarence D. Kaiser (Degree or title) D. M.D. 23b. ADDRESS Hayti, Missouri 23c. DATE SIGNED 12-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-30-50 24c. NAME OF CEMETERY OR CREMATORY County Cemetery 24d. LOCATION (City, town, or county) (State) Hayti Rural Mo

DATE REC'D BY LOCAL REG. 1-4-51 REGISTRAR'S SIGNATURE John W. German 456 25. FUNERAL DIRECTOR'S SIGNATURE John W. German ADDRESS Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0781

1-51-6

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

JAN 5 RECD

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.

Signed.....
Student Embalmer

not embalmed

Signed.....
Student Embalmer No.....

Licensed Embalmer No.....

P. O. Address.....

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.