

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1729
Registrar's No. 8

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton Canton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If rural, give location) 126 N. 4th	

3. NAME OF DECEASED (Type or Print)	a. (First) Lurene	b. (Middle) M.	c. (Last) Griffin	4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1951
-------------------------------------	-------------------	----------------	-------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov. 12, 1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
---------------	------------------------	---	--------------------------------	------------------------------------	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book keeper	10b. KIND OF BUSINESS OR INDUSTRY (Specify) Foundry	11. BIRTHPLACE (State or foreign country) Co. Lewis Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	---	------------------------------------

13a. FATHER'S NAME George Washburn	13b. MOTHER'S MAIDEN NAME Hettie Hendrick	14. NAME OF HUSBAND OR WIFE Frank Griffin
------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bess Smoot, Lewistown, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 331x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DEAD ON ARRIVAL DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____	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 JAN. 17, 1951, to JAN. 17, 1951, that I last saw the deceased alive on D. O. A., 19, and that death occurred at 6:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>P. J. Jennings</i> (Degree or title) _____	23b. ADDRESS M. D. CANTON, MO.	23c. DATE SIGNED 1-19-51
--	--------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Forest Grove	24d. LOCATION (City, town, or county) (State) Canton, Lewis Co., Mo.
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. 1-20-51	REGISTRAR'S SIGNATURE <i>P. J. Jennings</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl H. Buckley</i>	ADDRESS _____
----------------------------------	---	---	---------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

5560

Date Received: 1-29-51
DISTRICT HEALTH OFFICE #2
District File Number 2-57-281
Date Filed: FEB 6 1951

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

Earl H. Buckley

Licensed Embalmer No.

2615

P. O. Address

Canton, 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.