

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13548**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) Louisiana	
c. LENGTH OF STAY (In this place) 2 hours		d. STREET ADDRESS (If rural, give location) Texas Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 231 Thurman St.			

3. NAME OF DECEASED (Type or Print) a. (First) MILFORD		b. (Middle) EUGENE		c. (Last) GRIFFITH		4. DATE OF DEATH (Month) (Day) (Year) APRIL 27, 1951	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb. 21, 1948		9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 2 IF UNDER 12 HRS. Days 6 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Louisiana, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Milford Griffith		13b. MOTHER'S MAIDEN NAME Katherine Wamick		14. NAME OF HUSBAND OR WIFE none	
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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. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Milford Griffith, Louisiana, Mo.		ADDRESS	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 22
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			
	DUE TO (c) _____			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Louisiana Pike Mo	
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? Fell in well	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **April 27, 1951**, and that death occurred at **2 P m.**, from the causes and on the date stated above.

23a. SIGNATURE J. B. Milled 3 Coroner (Degree or title)		23b. ADDRESS Baseling Green Mo		23c. DATE SIGNED April 27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/29/51		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
24d. LOCATION (City, town, or county) (State) Louisiana, Mo.					

DATE REC'D BY LOCAL REG. May 28, 1951		REGISTRAR'S SIGNATURE Lernice Callier		25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0821

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082

Date Received: MAY 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 5251-820
Date Filed: MAY 10 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 *Virginia M. Sterne*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.