

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19104**

FILED MAY 22 1951

BIRTH NO. 19865-51 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 105

1972

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wakenda</u> <u>0190</u>	
c. LENGTH OF STAY (in this place) <u>2 Months</u>		d. STREET ADDRESS (If rural, give location) <u>R #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>SHELIA DIANE GRIFFITH</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1951</u>
---	------------	-------------	-----------	---

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 19, 1951</u>	9. AGE (in years) (last birthday) <u>0</u> <u>2</u> <u>2</u>	IF UNDER 14 HRS. Hours Min.
---------------------	----------------------------------	--	---	--	-----------------------------

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>none</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	---

13a. FATHER'S NAME <u>George Griffith</u>	13b. MOTHER'S MAIDEN NAME <u>Kivian Knightfoot</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Griffith</u>	ADDRESS <u>Carrollton Mo</u>
---	--	---	---------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Birth</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spine - bifida</u>		
	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.			

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) <u>751X</u>
--	--	--

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 March 19, 1951, to May 19, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 8-15 a m., from the causes and on the date stated above.

23. SIGNATURE <u>Arthur S. Layner</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>May-19-51</u>
--	----------------------------------	--------------------------------------	--------------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May-19-1951</u>	REGISTRAR'S SIGNATURE <u>Bridney T. Gray</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley T. Gibson</u>	ADDRESS <u>Carrollton Mo</u>
--	---	-----	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51

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 Bern W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.