

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

22565

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4165</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <b>Davless</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Davless</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Gallatin</b>		c. LENGTH OF STAY at this place <b>2 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Gallatin</b>		<b>0310</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ----				d. STREET ADDRESS (If rural, give location) ----			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ella</b>		b. (Middle) <b>Josephine</b>		c. (Last) <b>Griffith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 13 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Apr. 5 1862</b>	
9. AGE (In years last birthday) <b>89</b>		10. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Davless Co. Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Volney B. Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Jordan</b>		14. NAME OF HUSBAND OR WIFE <b>Chas. J. Griffith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Eva McAllister, Gallatin, Mo.</b>			
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, ashenia, etc. "It" means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrina fare</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>191x</b>				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) (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 <u>7-6, 1951</u> , to <u>7-13, 1951</u> , that I last saw the deceased alive on <u>7-12, 1951</u> and that death occurred at <u>11:15A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Lloyd E. Nelson M.D.</b>				23b. ADDRESS <b>Gallatin, Mo.</b>		23c. DATE SIGNED <b>7-14-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-15-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pilot Grove No. 1</b>		24d. LOCATION (City, town, or county) (State) <b>Davless Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>20 July 1951</b>		REGISTRAR'S SIGNATURE <b>V. Eugene M. Englehart</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. O. Dickerson</b>		ADDRESS <b>Hope Funeral Home Gallatin, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.