

FILED AUG 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26034

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 300 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>0013</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kiskerville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lavonia</u> <u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miss. South Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED a. (First) <u>Myrtle</u> b. (Middle) <u>Bell</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 10 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>4 Nov. 1883</u>	9. AGE (In years) (last birthday) <u>67</u> UNDER 1 YEAR (Months) (Days) OF UNDER 1 YEAR (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mercer Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Thomas Rawton</u>		13b. MOTHER'S MAIDEN NAME <u>Javela De Haven</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Griffith</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>Harold Griffith</u> ADDRESS <u>Lavonia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mycarditis, congestive failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		_____	
		DUE TO (c) <u>Mycarditis, chronic</u>		<u>2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Diabetes, mellitus</u>		<u>3 days?</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		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 8/8, 1951, to 8/10, 1951, that I last saw the deceased alive on 8/10, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. King</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kiskerville, Missouri</u>		23c. DATE SIGNED <u>8/10/51</u>	
---	--	---	--	---------------------------------	--

24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/10/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Goshen</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>	
--	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>8-10-51</u>		REGISTRAR'S SIGNATURE <u>Walter Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riley</u> ADDRESS <u>Kiskerville, Mo.</u>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

It is Received: **AUG 22 1951**
STRICT HEALTH OFFICE #2
District File Number *8-51-1490*
Date Filed: **AUG 22 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Juan B. Cooper*

Licensed Embalmer No. *4119*

P. O. Address *Kirkville, 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.