

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26488

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5351 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <b>Dallas 0300</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Texas</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Texas 0300</b>	
c. LENGTH OF STAY (In this place) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>MARY ELIZABETH</b> b. (Middle) <b>GRIFFITH</b> c. (Last) <b>GRIFFITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-7-1951</b>		
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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>12-11-1860</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Month <b>7</b> Day <b>22</b>	IF UNDER 18 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Rolla Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Brannon</b>		14. NAME OF HUSBAND OR WIFE <b>Rayquell Norman</b>			
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Rayquell Norman</b>				ADDRESS <b>151X</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer (Ca) of Colon</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **1945**, 19 **to 8-7-51**, 19 **to 8-7-51**, that I last saw the deceased alive on **8-7**, 19**51**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C.D. Brannon</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Buffalo Mo</b>		23c. DATE SIGNED <b>8-13-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8-10-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hopewell</b>		24d. LOCATION (City, town, or county) (State) <b>Dallas Co Mo</b>	
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DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>80</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R B Jones</b>				ADDRESS <b>Buffalo Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED SEP 4 1951

Dist. File 937-1602

Date Filed 9-6-51

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Martin B Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.