

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31145**  
Registrar's No. **217**

No. 300  
10.48

FILED SEP 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **300L**

|                                                                                     |  |                                                                                                                                             |  |
|-------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b> <b>0883</b>                                             |  |
| c. LENGTH OF STAY (in this place)                                                   |  | d. STREET ADDRESS (If rural, give location) <b>611 W. Coates</b>                                                                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wabash Hospital</b>                      |  |                                                                                                                                             |  |

|                                                                                                                     |  |  |                                                              |  |  |
|---------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Rose</b> b. (Middle) <b>GRIFFITH</b> c. (Last) <b>GRIFFITH</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Sept 16 1951</b> |  |  |
|---------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------|--|--|

|                      |                               |                                                                      |                                     |                                                                  |
|----------------------|-------------------------------|----------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> | 8. DATE OF BIRTH <b>Aug 31 1890</b> | 9. AGE (In years) (Month) (Day) (Hour) (Min.)<br><b>61. 0 16</b> |
|----------------------|-------------------------------|----------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------|

|                                                                                                          |                                                    |                                                     |                                        |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR</b> | 11. BIRTHPLACE (State or foreign country) <b>Mo</b> | 12. CITIZEN OF WHAT COUNTRY? <b>Mo</b> |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|----------------------------------------|

|                                              |                                                  |                             |
|----------------------------------------------|--------------------------------------------------|-----------------------------|
| 13a. FATHER'S NAME <b>William P Griffith</b> | 13b. MOTHER'S MAIDEN NAME <b>Catherine Dilts</b> | 14. NAME OF HUSBAND OR WIFE |
|----------------------------------------------|--------------------------------------------------|-----------------------------|

|                                                                                                          |                                            |                                                        |                           |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|---------------------------|
| 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. <b>702-05-4419</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Alva Griffith</b> | ADDRESS <b>Moberly Mo</b> |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|---------------------------|

|                                                                                                                                                                                                                                        |                                                                                      |  |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*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> | I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <b>UREMIA</b>                |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 wks.</b><br><br><b>2 yrs.</b> |
|                                                                                                                                                                                                                                        | ANTECEDENT CAUSES<br>DUE TO (b) <b>Hypertensive cardio-vascular disease 5 years.</b> |  |                                                                        |
|                                                                                                                                                                                                                                        | DUE TO (c) <b>Nephrosclerosis</b>                                                    |  |                                                                        |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                                    |                                                                                      |  |                                                                        |

|                                    |                                                          |                                                                                  |
|------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION <b>None</b> | 19b. MAJOR FINDINGS OF OPERATION <b>None</b> <b>442X</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 **Jan 1950**, to **Sept 16 1951**, that I last saw the deceased alive on **Sept 16 1951**, and that death occurred at **9:15 p m.**, from the causes and on the date stated above.

|                                                                   |                                                  |                                    |
|-------------------------------------------------------------------|--------------------------------------------------|------------------------------------|
| 22a. SIGNATURE <b>Alva Griffith</b> (Degree or title) <b>M.D.</b> | 22b. ADDRESS <b>415 Woodland Ave Moberly, Mo</b> | 22c. DATE SIGNED <b>Sept 17 51</b> |
|-------------------------------------------------------------------|--------------------------------------------------|------------------------------------|

|                                                         |                               |                                                        |                                                                 |
|---------------------------------------------------------|-------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>Sept 19 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Sun Set Hill</b> | 24d. LOCATION (City, town, or county) (State) <b>Madison Mo</b> |
|---------------------------------------------------------|-------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|

|                                            |                                            |                                                       |                           |
|--------------------------------------------|--------------------------------------------|-------------------------------------------------------|---------------------------|
| DATE REC'D BY LOCAL REG. <b>Sept 19 51</b> | REGISTRAR'S SIGNATURE <b>Pauline Poole</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahon and Son</b> | ADDRESS <b>Moberly Mo</b> |
|--------------------------------------------|--------------------------------------------|-------------------------------------------------------|---------------------------|

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

Date Received: SEP 24 1981

DISTRICT HEALTH OFFICE #2

District File Number 9-51-1688

Date Filed: SEP 24 1981

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 Frank O De Witt

Licensed Embalmer No. 3021

P. O. Address Proberly Md

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.