

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32634

State File No. ....

NOV 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1111

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital (Osteo.)		d. STREET ADDRESS (If rural, give location) 2708 Mitchell Ave. <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Ev a	b. (Middle) A lice	c. (Last) Griffith	4. DATE OF DEATH (Month) (Day) (Year) October 31, 1951
--	--------------------	--------------------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH October 25, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
---------------	------------------------	---	-----------------------------------	------------------------------------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Pierceton, Indiana <u>/</u>	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	----------------------------------

13a. FATHER'S NAME Cyrus Maxwell	13b. MOTHER'S MAIDEN NAME Sarah Crockett	14. NAME OF HUSBAND OR WIFE Charles B. Griffith
----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Adams	ADDRESS 2708 Mitchell Ave. St. Joseph
--	------------------------------	--	---------------------------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		3 days
	ANTECEDENT CAUSES	DUE TO (b) Cerebral Hemorrhage	4 days
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Arteriosclerosis	Several years
	II. OTHER SIGNIFICANT CONDITIONS	Chronic Nephritis	Several years
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? 331X 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) St. Joseph, Buchanan, Missouri
--	--	--

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 Jan. 18, 1951, to Oct. 31, 1951, that I last saw the deceased alive on Oct. 31, 1951, and that death occurred at 12:01 A.M., from the causes and on the date stated above.

23a. SIGNATURE Neva M. Steidley (Degree or title)	23b. ADDRESS 215 Francis St. Joseph	23c. DATE SIGNED Oct 31-1951
---	-------------------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE .11/1/1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
--	----------------------	---	---

DATE REC'D BY LOCAL REG. Nov. 2, 1951	REGISTRAR'S SIGNATURE Carl E. Casper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton - Browner Funeral Home St. Joseph, Mo.
---------------------------------------	--------------------------------------	--

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

117  
0

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 James R. Hawkins

Signed.....  
Student Embalmer

Licensed Embalmer No. 4531

P. O. Address 319 South 10<sup>th</sup> St.

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.