

FILED NOV 24 1951
Francis
Crumit

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 39068
9830
Registrar's No. 9830

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		State File No. 39068		Registrar's No. 9830						
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY										
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219								
d. FULL NAME OF HOSPITAL OR INSTITUTION 2830 Gamble St.				d. STREET ADDRESS (If rural, give location) 2830 Gamble St.										
3. NAME OF DECEASED (Type or Print) Bettie			a. (First)		b. (Middle)		c. (Last) Griffin		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1951					
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Sept. 5, - 1870 87		9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months Days		11. UNDER 10 HRS. 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		11. BIRTHPLACE (State or foreign country) Kemper County, Miss. /				12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME George Burton				13b. MOTHER'S MAIDEN NAME Sarah Burton				14. NAME OF HUSBAND OR WIFE Albert Griffin						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alma Hill 2830 Gamble St.								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)											MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia														
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.											ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											DUE TO (b)			
											DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS -											Seasickness			
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? YES <input type="checkbox"/> NO <input 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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490X								
22. I hereby certify that I attended the deceased from 10-29, 1951, to 11-3, 1951, that I last saw the deceased alive on 11-3, 1951, and that death occurred at 5: P. M., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) Dr. Le Roy Noble Physician						23b. ADDRESS 1420 N. Taylor Ave				23c. DATE SIGNED 11-6-51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-10-51		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery				24d. LOCATION (City, town, or county) (State) Meridian, Mississippi						
DATE REC'D BY LOCAL REG. NOV 7 1951		REGISTRAR'S SIGNATURE J. Earl Smith				25. FUNERAL DIRECTOR'S SIGNATURE R. P. Hoover				ADDRESS 1221 N. Grand				

(Licensed Embalmer's Statement on Reverse Side)

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

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 Lawrence Chaves

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.