S. No. 300
v. 10.48

SEP 10 1952
9-10-52

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 028454

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 380

1. PLACE OF DEATH
a. COUNTY: Jasper 0495
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seneca 0730
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Vera
b. (Middle): Opal
c. (Last): Griffin

4. DATE OF DEATH (Month) (Day) (Year): Aug. 28 1952

5. SEX: Fem.
6. COLOR OR RACE: wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): mar.
8. DATE OF BIRTH: April 10, 1917
9. AGE (In years last birthday): 35 — If under 1 year: Months / Days — If under 1 hr.: 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): Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Wm. Osborne
13b. MOTHER'S MAIDEN NAME: Lula Rawlings
14. NAME OF HUSBAND OR WIFE: Walter Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 442-14-4327
17. INFORMANT'S SIGNATURE OR NAME: Mr. Walter Griffin **ADDRESS**: Seneca, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 5-20-52

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): None

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-20, 1952, *to* 8-28, 1952, *that I last saw the deceased alive on* 8-27, 1952, *and that death occurred at* 4:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 321 Frisco Bldg., Joplin, Mo.
23c. DATE SIGNED: 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-29-52
24c. NAME OF CEMETERY OR CREMATORY: Seneca Cemetery
24d. LOCATION (City, town, or county) (State): Seneca, Mo.

DATE REC'D BY LOCAL REG.: 9-4-52
REGISTRAR'S SIGNATURE: Ed S. James 138 By Estelle Lampkin
25. FUNERAL DIRECTOR'S SIGNATURE: W. E. Bellows **ADDRESS**: Seneca Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-9-52
Jasper County Health Office

County File Number 52/9/706

Date Filed 9-9-52

SEP 29 1957

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 W E Bud Allison

Licensed Embalmer No. 2174

P. O. Address Seneca 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.