No. 300
10.48

FILED AUG 19 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29037

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 93

0850

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fort Leonard Wood, Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6-A Young Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ohio
b. COUNTY - -
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbus 8340
d. STREET ADDRESS (If rural, give location) 80 N. 22nd Street 8

3. NAME OF DECEASED (Type or Print) a. (First) Nomachla b. (Middle) Jayne c. (Last) McGriff

4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1952

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 20 May 1923
9. AGE (In years last birthday) 29 | IF UNDER 1 YEAR Months Days | IF UNDER 24 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) Zanesville, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Caleb Mahlungulu
13b. MOTHER'S MAIDEN NAME Katie Sweed
14. NAME OF HUSBAND OR WIFE Asberry D. McGriff

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 US Army Hospital ADDRESS B.J. BAJORIN, Maj, MSC Ft Leonard Wood, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Asthma, Chronic, Severe — INTERVAL BETWEEN ONSET AND DEATH 17 years

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
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 241 X
20. AUTOPSY? YES [X] 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* DEAD ON ARRIVAL, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE R. A. WELSH (Degree or title) Captain, MC
23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri
23c. DATE SIGNED 11 Aug 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-12-52
24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery
24d. LOCATION (City, town, or county) (State) Springfield, Green, MO

DATE REC'D BY LOCAL REG. 8-12-52
REGISTRAR'S SIGNATURE Eula Gae Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE W. P. Campbell ADDRESS Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-12-56
Pulaski County Health Officer
File Number 8-16-56
Date Filed

JUN 7 1956

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 H. P. Campbell

Signed .....
Student Embalmer

Licensed Embalmer No. 1747

P. O. Address Springfield, O.

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.