

FILED FEB 9 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2794

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington Rural</u>		c. LENGTH OF STAY (In this place) <u>11 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location) <u>Near Richwood</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Griffin</u>		b. (Middle)		c. (Last) <u>Emily</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>march 6 1881</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph B. Emily</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Hays</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Pratt</u>			
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Emily Sparks Mrs.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION State Hosp. <u>Revised</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 das.</u>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive cardiovascular disease and senility</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>490X</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Psychosis with cerebral arteriosclerosis.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 <u>Oct. 1, 1952</u> to <u>Feb. 2, 1953</u> , that I last saw the deceased alive on <u>Feb. 2, 1953</u> , and that death occurred at <u>1:15A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. Brennan</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>2-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>		
DATE RECD BY LOCAL REG. <u>Feb. 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Catherine Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Luther Sparks, Poppsi, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 30 1959

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 Murphy L. Spahr

Licensed Embalmer No. 4236

P. O. Address W-Lal River 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.