

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300 FILED FEB 25 1953  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>	
c. LENGTH OF STAY (in this place) <u>38 yr.</u>		<u>1031</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fannie</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Griffin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1953</u>
-------------------------------------	--------------------------	------------------------------	--------------------------	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Apr. 25, 1874</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months	# UNDER 100 Hrs. Days	# UNDER 1000 Hrs. Hour	Min.
-------------------------	----------------------------------	--	--	---	--------------------------	--------------------------	---------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McKinsie, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>Columbus McCord</u>	13b. MOTHER'S MAIDEN NAME <u>Martha E. McCord</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>X X</u>	16. SOCIAL SECURITY NO. <u>X X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irene Griffin</u>	ADDRESS <u>Dexter, Mo.</u>
--	---------------------------------------	---	-------------------------------

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, asthma, 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) <u>Hypostatic Pneumonia</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		<u>6 hrs</u>
DUE TO (c) <u>Chronic kidney condition</u>		<u>5 yrs</u>	
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 <u>H222</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from Jan 10, 1953, to Feb 12, 1953, that I last saw the deceased alive on 2-12, 1953, and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. S. [Signature]</u>	23b. ADDRESS <u>Dexter, Mo.</u>	23c. DATE SIGNED <u>2/18/53</u>
--	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-18-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	409-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u>	ADDRESS <u>Dexter, Mo.</u>
--	---	-------	---	-------------------------------

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 Walter Marsh Watters

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.