

FILED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21885

284

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY WASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE OKLAHOMA b. COUNTY OTTOWA				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) 2 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) TOWN MIAMA				
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 721 FIRST NE 8350				
3. NAME OF DECEASED (Type or Print) a. (First) ETHEL b. (Middle) MAY c. (Last) GRIFFIN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 11 1953					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 4, 1896		9. AGE (In years last birthday) 56 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MIN. 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 RETIRED		11. BIRTHPLACE (State or foreign country) STRANG, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WILLIAM FULKERSON		13b. MOTHER'S MAIDEN NAME MARY SMITH		14. NAME OF HUSBAND OR WIFE ERNEST 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. UNK		17. INFORMANT'S SIGNATURE OR NAME ERNEST GRIFFIN				
				ADDRESS 721 1ST NE MIAMI OKL				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute urinary suppression of 86 hours (Uremia) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left chronic pyelonephritis DUE TO (c) Obstruction of the common bile duct II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 584X	
19a. DATE OF OPERATION 5-28-53		19b. MAJOR FINDINGS OF OPERATION Cholecystectomy and removed impacted stone from Ampulla Vater & had multiple transfusions, but no apparent transfusion reaction)					19c. 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) Miami (COUNTY) Okla.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 5-20 53		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 5-20 53 , to 6-11 53 , that I last saw the deceased alive on 6-11 53 , and that death occurred at 6:50 P. to 6-11 53 , from the causes and on the date stated above.								
23a. SIGNATURE <i>W. S. [Signature]</i>				23b. ADDRESS 410 Jackson, Joplin, Mo.		23c. DATE SIGNED 6-13-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 13 1953	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY		24d. LOCATION (City, town, or county) (State) MELROSE, KANSAS			
DATE REC'D BY LOCAL REG. 6-15-53		REGISTRAR'S SIGNATURE <i>W. S. [Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE COOPER FUNERAL HOME MIAMI, OKLA.				
				ADDRESS				

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

RECEIVED 6-29-53
Jasper County Health Office
County File Number 53-6-544
Date Filed 6-29-53

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 Steve Pack

Signed.....
Student Embalmer

Licensed Embalmer No. 2548

P. O. Address 976-130

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.