

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21947

State File No.

FILED JUL 14 1953

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BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>King</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mineral</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove</u>	
c. LENGTH OF STAY (In this place) <u>19 mos</u>		d. STREET ADDRESS (If rural, give location) <u>Route 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Jasper Co. Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>Elizabeth Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7-1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Kentucky</u>	9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ill 3-1874</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Benj. Brock</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Jackson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Records</u> ADDRESS <u>10026</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
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		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 12/18, 1951, to 7/7, 1953, that I last saw the deceased alive on 7/6, 1953, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gene E. Douglas M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Louis City Mo</u>		23c. DATE SIGNED <u>7/7/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-8-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Dawson, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>7/9 '53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Mortuary</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-13
Jasper County Health Office

County File Number 584

Date Filed 7-13

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, ~~on~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Harvey E. Bruce

Licensed Embalmer No. 4463

P. O. Address Webb City 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.

Harvey E. Bruce