

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2835

State File No.

FILED JAN 26 1954

318

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Leadwood	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE b. (Middle) NMN c. (Last) GRIFFIN			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 4, 1954			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 2, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 4 Days 2	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 (City and State or Foreign Country) St. Francois Co. () Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Penberthy		13b. MOTHER'S MAIDEN NAME Lucie Strauser		14. NAME OF HUSBAND OR WIFE Jodie 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. 499-03-6158		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Penberthy Elvins, Mo Rt. #1	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Questionable Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 1 Day
	ANTECEDENT CAUSES Intestinal obstruction and Ventral Hernia		
	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 11-19-53		19b. MAJOR FINDINGS OF OPERATION Adhesiolysis; Exploratory Laparotomy; Resection of Transverse Colon; Repair of Ventral Hernia		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 570.5	

22. I hereby certify that I attended the deceased from 11-17, 1954, to 1-4, 1954, that I last saw the deceased alive on 1-4, 1954, and that death occurred at 4:20p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Penberthy M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 1-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Bonne Terre Ceme	
				24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 9 1954 J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sparks F. Home Flat River, Mo	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Murphy Sparks*
Licensed Embalmer No. *#2*
P. O. Address *Flat 10*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.