

STANDARD CERTIFICATE OF DEATH

State File No. 9151

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper 0493	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 15 yrs	c. CITY OR TOWN Carthage
d. FULL NAME OF HOSPITAL OR INSTITUTION 1126 River St		e. STREET ADDRESS (If rural, give location) 1126 River St	
3. NAME OF DECEASED (Type or Print) a. (First) MELVINA		b. (Middle) ROSETTA	c. (Last) GRIFFIN
4. DATE OF DEATH March 28-1954		4. DATE (Month) (Day) (Year)	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Jan 15, 1883
9. AGE (In years last birthday) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) Seymour, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Erasmus Hensley	13b. MOTHER'S MAIDEN NAME Elizabeth Hargis	14. NAME OF HUSBAND OR WIFE John W. Griffin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dee Jones, Rt 3, Carthage, Mo	
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) Cancer of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 year 4 years
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 5-16-1957, to 3-28-1954, that I last saw the deceased alive on 3-28-1954, and that death occurred at 6:35 p.m., from the causes and on the date stated above.			
23a. SIGNATURE W.B. York	(Degree or title) MD 0	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 3-29-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-31-54	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
DATE REC'D BY LOCAL REG. 3-30-54	REGISTRAR'S SIGNATURE Lloyd B. Clinton MD	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

4-7-54

Jasper County Health Office

County File Number 275

Date Filed 4-7-54

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 Robert H. Knell

Licensed Embalmer No. 4459

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