

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38332

State File No. ....

FILED NOV 22 1954

|  |  |   |   |   |  |   |   |   |  |
|--|--|---|---|---|--|---|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>278</u>   |   | PRIMARY REG. DIST. NO. <u>3034</u>  |  | Registrar's No. <u>134</u>  |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>PIKE</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u>   |  |   |   | b. COUNTY <u>PIKE</u>   |  |
| b. CITY OR TOWN <u>Louisiana</u>   |  | c. LENGTH OF STAY (In this place)   |   | c. CITY OR TOWN <u>Ashley</u>   |  | d. In Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PIKE Co. Hospital</u>  |  |   |   | e. STREET ADDRESS (If rural, give location) <u>0800</u>   |  |   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MAMIE</u>   |  |   | b. (Middle) <u>LEE</u>                          |   | c. (Last) <u>Griffith</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7 1954</u> |   |  |
| 5. SEX <u>FEMALE</u>   |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>  |  | 8. DATE OF BIRTH <u>Dec 12 1891</u>   |   | 9. AGE (In years last birthday) <u>62</u> Months <u>10</u> Days <u>25</u> Hours <u>1</u> Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Service Employee</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>      |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ashley MO</u>      |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>              |   |  |
| 13a. FATHER'S NAME <u>Fred Richard</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Sarah Stebbins</u> |   |  | 14. NAME OF HUSBAND OR WIFE <u>Fred Griffith</u>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>  |  |   | 16. SOCIAL SECURITY NO. <u>none</u>             |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nick Nickie, Bowling Green</u> |   |   | ADDRESS <u>MO</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u><br>ANTECEDENT CAUSES<br>Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Metastatic to lungs</u><br>DUE TO (c) <u>Primary Carcinoma of Colon</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <u>153 X</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) _____  |  | 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 <u>9-9, 1954</u> to <u>11-7, 1954</u> that I last saw the deceased <u>Autopsy on 11-6, 1954</u> and that death occurred at <u>6:35 A.M.</u> , from the causes and on the date stated above. |  |   |   |   |  |   |   |   |  |
| 23. SIGNATURE (Degree or title) <u>[Signature]</u>   |  |   |   | 23b. ADDRESS <u>M.D. Louisiana, Missouri</u>  |  | 23c. DATE SIGNED <u>11-12-54</u>  |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Nov 9 1954</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashley</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Ashley Mo</u>  |   |   |  |
| DATE REC'D BY LOCAL REG. <u>Nov 15 1954</u>  |  | REGISTRAR'S SIGNATURE <u>Bernice Collier</u>  |   | F. FUNERAL DIRECTOR'S SIGNATURE <u>Prace Dan Reed</u>   |  | ADDRESS <u>Bowling Green Mo</u>   |   |   |  |

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

AUG 18 1955

NOV 23 1955

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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 *Harold C. Kirk*.....

Licensed Embalmer No. *45*.....

P. O. Address *Baltimore*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.