

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2161**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **638** Registrar's No. **29**

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| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon | |
| b. CITY (If outside corporate limits, write RURAL and give township) Jacksonville | | c. CITY (If outside corporate limits, write RURAL and give township) Excello 0610 | |
| c. LENGTH OF STAY (in this place) 51 Days | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Webster Rest Home | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Flora b. (Middle) Temple c. (Last) Griffith | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1955 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Mar. 25, 1880 | | 9. AGE (In years last birthday) 74 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Kentucky | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Robert Lewis | | 13b. MOTHER'S MAIDEN NAME Ella Atkins | | 14. NAME OF HUSBAND OR WIFE Dec. | |
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| 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. No. | | 17. INFORMANT'S SIGNATURE OR NAME Orville Griffith ADDRESS Jacksonville Mo. | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Metastatic Carcinoma | | INTERVAL BETWEEN ONSET AND DEATH 6 mos | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) Adenocarcinoma left Breast (Removed surgically) | | 3 yrs | |
| | | DUE TO (c) Rheumatoid Arthritis | | 3 yrs | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 170x YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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|--|--|--|--|---|--|
| 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? | |

22. I hereby certify that I attended the deceased from **11-24-1953**, to **1-20-1955**, that I last saw the deceased alive on **1-19-1955** and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

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|---|--|---------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) A. L. Duesend, M.D. | | 23b. ADDRESS Macon | | 23c. DATE SIGNED 1/28/55 | |
|---|--|---------------------------|--|---------------------------------|--|

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|---|--|--------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan. 22, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | |
| | | | | 24d. LOCATION (City, town, or county) (State) Macon, Mo. | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 1-22-55 | | REGISTRAR'S SIGNATURE Lois Wilson 269-0 | | 25. FUNERAL DIRECTOR'S SIGNATURE Lester Hutton ADDRESS Macon, Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 25 1955

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
Student Embalmer

Signed Charles L. Sutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.