

FILED APR 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12894

BIRTH NO. REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 441 Registrar's No. 13

1. PLACE OF DEATH  
a. COUNTY PIKE  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MO b. COUNTY PIKE  
c. CITY OR TOWN Bowling Green d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 0820

3. NAME OF DECEASED (Type or Print)  
a. (First) Lucinda b. (Middle) HE-NDERSON c. (Last) GRIFFITH

4. DATE OF DEATH (Month) (Day) (Year)  
Apr 2 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan 11 1871

9. AGE (In years last birthday) 84 # UNDER 1 YEAR Months 1 Days 21 # UNDER 4 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) Pike Co. Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Henderson

13b. MOTHER'S MARDEN NAME Katherine Anderson Carey Griffith

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nancy Evelyn Carey Griffith

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) Coronary Thrombosis  
ANTECEDENT CAUSES  
DUE TO (b) Operations in  
DUE TO (c) degenerated vessels  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH April 2-5  
March 30

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) 082 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 1952 to 4-2-55, that I last saw the deceased alive on 4-2-55, and that death occurred at 4-2-55 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bowling Green Mo. HCO M. Mathews

23b. ADDRESS

23c. DATE SIGNED 4-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE April 3-1906

24c. NAME OF CEMETERY OR CREMATORY Antioch

24d. LOCATION (City, town, or county) (State) Pike Co. MO

DATE REC'D BY LOCAL REG. 4-11-55

REGISTRAR'S SIGNATURE Bill Robinson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grace Bankhead Bowling Green Mo

820  
4  
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 *Harold C. K. Wick*

Licensed Embalmer No. *45*

P. O. Address *Bowling Green*

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.