

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21704**BIRTH NO. _____ REG. DIST. NO. **RR6** PRIMARY REG. DIST. NO. **3020** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) Box 53	

3. NAME OF DECEASED (Type or Print) a. (First) Adeline b. (Middle) Matilda c. (Last) GRIFFIN			4. DATE OF DEATH (Month) (Day) (Year) July 18, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 12, 1906		9. AGE (In years, last birthday) 49 Months 4 Days 16		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker	
11. BIRTHPLACE (State or foreign country) Ogden, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY Own Home	

13a. FATHER'S NAME Wm. L. Stinnett		13b. MOTHER'S MAIDEN NAME Martha Duggins		14. NAME OF HUSBAND OR WIFE Anton E. Griffin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 319-12-1184		INFORMANT'S SIGNATURE OR NAME Anton E. Griffin ADDRESS Washington, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X		DUPLICATE TO (b) Post-operative and post-irradiation changes of gallbladder		8 months	
		DUPLICATE TO (c) Cancer of the Cervix		20 months	

19a. DATE OF OPERATION Jan 1955		19b. MAJOR FINDINGS OF OPERATION Cancer of cervix to post-operative changes and extension to bladder and rectum		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 **Dec 1954**, to **July 18, 1955**, that I last saw the deceased alive on **July 18, 1955**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Mayfield		(Degree or title) M.D.		23b. ADDRESS Washington, Mo		23c. DATE SIGNED July 18, 1955	
24a. BURIAL, CREMATION, TRENCH, REMOVAL (Specify) Burial		24b. DATE July 21, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery		24d. LOCATION (City, town, or county) (State) Washington, Missouri	
DATE REC'D BY LOCAL REG. 7/19/55		REGISTRAR'S SIGNATURE J.P. Sudmann		25. FUNERAL DIRECTOR'S SIGNATURE Nieburg & Co.		ADDRESS Washington, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 4 1956

MAR 6 1956

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.

Signed _____
Student Embalmer

Signed *Lester A. Pitt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.