

FILED JAN 3 - 1956

STANDARD CERTIFICATE OF DEATH

5840 State File No. 41455

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4368 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write <u>Rural Van Buren</u> ) OR TOWN		c. CITY OR TOWN <u>Wentworth</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1890</u>
c. LENGTH OF STAY (in this place) <u>88 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>one mile north of Wentworth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>one mile north Wentworth</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAURA</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>GRIFFIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 - 1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-17-1864</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>91 7 2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Fitchfield Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Milton Lafayette</u>	13b. MOTHER'S MAIDEN NAME <u>Melissa Halliday</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Henderson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Walter Roy Wentworth</u>	ADDRESS: <u>Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>  <u>40 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Nov 21, 1955, to Dec 20, 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Spears, MD</u>	23b. ADDRESS <u>Pierce City, Mo</u>	23c. DATE SIGNED <u>12-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 23, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saracoe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saracoe Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 22, 1955</u>	REGISTRAR'S SIGNATURE <u>M. Z. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Roy</u>	ADDRESS <u>Pierce City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.-----

District File Number-----

Date Filed-----  
DEC 30 1959

NEOSHO, MISSOURI

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, ~~on~~ Edwin Wilke....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Edwin Wilke.....

Licensed Embalmer No. 412

P. O. Address Gene At

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