Health, Welfare Public Service

300 1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32474

FILED SEP 17 1957

Registration District No. 170 Primary Registration District No. 5627 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Falcon (Gasconade TS) — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Falcon R.R. — Length of stay in 1b life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Falcon — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) No St. address — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Delphia Middle Caroline Last Adams

4. DATE OF DEATH: Month Sept. Day 6, Year 1957

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: March 4, 1887

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR Months, Days — IF UNDER 24 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 country): Laclede Co. Mo.

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

13. FATHER'S NAME: Oliver J. Griffin

14. MOTHER'S MAIDEN NAME: Mary Ellen Jones

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.: none

17. INFORMANT (Address): Marion F. Adams

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fracture left H. J — INTERVAL BETWEEN ONSET AND DEATH: 8/17/57

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 9140A

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mell. Tns = Pulmonary Tuberculosis — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Fell at Her Home

20c. TIME OF INJURY Hour a. m. p. m. — Month, Day, Year: 8-17-57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION Falcon — COUNTY Laclede — STATE Mo.

21. I attended the deceased from 6/16/55 to 9/6/57 and last saw her alive on 9/6/57
Death occurred at 11:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George E. Oliver M.D.

22b. ADDRESS: Lebanon, Mo

22c. DATE SIGNED: 9/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/9/57

23c. NAME OF CEMETERY OR CREMATORY: New Home Cemetery

23d. LOCATION (City, town, or county) (State): near Falcon, Mo.

24. FUNERAL DIRECTOR ADDRESS: Holman Lebanon, Mo

25. DATE RECD. BY LOCAL REG.: 9-9-1957

26. REGISTRAR'S SIGNATURE: Ella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Received 9-16-57

Laclede County Health Unit

File No. 148

Date Filed 9-16-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Darsey M. Hou

Licensed Embalmer No. 42

P. O. Address Lebano

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.