No. 300
10.48

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 477

BIRTH NO. _____ REG. DIST. NO. 63 PRIMARY REG. DIST. NO. 3010 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (In this place): 8 HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MORLEY TOWNSHIP
d. STREET ADDRESS (If rural, give location): R. F. D. #1 SIKESTON, MO.

3. NAME OF DECEASED (Type or Print): a. (First) DONNA b. (Middle) LAVERN c. (Last) GRISWELL
4. DATE OF DEATH (Month) (Day) (Year): JAN. 13 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JULY 26 1956
9. AGE (In years last birthday): 1 yr. 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): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: JAMES ROY GRISWELL
13b. MOTHER'S MAIDEN NAME: SHELBY JANE SMITH
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. MONROE GRISWELL ADDRESS: SIKESTON, MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dehydration — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Vomiting & Diarrhea — ? Viral Etiology — 6 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Severe Iron Deficiency Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5710
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) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Jan. 12, 1958, *to* Jan. 13, 1958 *that I last saw the deceased alive on* Jan. 12, 1958 *and that death occurred at* 3:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold M. Foxworth, M.D. (Degree or title)
23b. ADDRESS: 24 N. Sprigg Cape Gir., Mo
23c. DATE SIGNED: 1-15-58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: NEW MORLEY CEMETERY
24d. LOCATION (City, town, or county): MORLEY (State): MO.

DATE REC'D BY LOCAL REG.: 1-17-58
REGISTRAR'S SIGNATURE: Elizabeth Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Earl Smith
ADDRESS: ORAN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Nov 24 N. Springs

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oran, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.