Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002360
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Sedalia, Missouri — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bothwell Hospital — Length of stay in 1b 1-Day

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

3. NAME OF DECEASED (Type or print) First Anna Middle Senora Last Griffin

4. DATE OF DEATH Month 1 Day 14 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 2-11-1876
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 11 Days 3 — 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) Pettis County-Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. America

13a. FATHER'S NAME George W. Allcorn
13b. MOTHER'S MAIDEN NAME Nancy Ellison
14. NAME OF HUSBAND OR WIFE Deceased

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 Mrs. W. D. Williams Address 1205 Park Drive North Little Rock, Ark.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adams Stokes Syndrome
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4330

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-13-59, to 1-14-59 and last saw her alive on 1-14-59
Death occurred at 7:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P V Siegel MD
22b. ADDRESS Smithton Mo
22c. DATE SIGNED 1/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-16-1959
23c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery
23d. LOCATION (City, town, or county) (State) Smithton, Missouri

24. FUNERAL DIRECTOR Henry C. Funeral Home ADDRESS
25. DATE RECD. BY LOCAL REG. Jan 16-1959
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 18 1960

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Ington, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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