

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 39773

FILED DEC 29 1948

| | | | | |
|--|--|---|------------------------------------|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>114</u> | PRIMARY REG. DIST. NO. <u>4186</u> | Registrar's No. <u>95-</u> |
| 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 (If outside corporate limits, write RURAL and give township) SULLIVAN | | c. LENGTH OF STAY (in this place) Life | | c. CITY (If outside corporate limits, write RURAL and give township) Sullivan |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | d. STREET ADDRESS (If rural, give location) 112 Virginia Ave. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Hannah | | b. (Middle) Gertrude | | c. (Last) Griffith Cain |
| 4. DATE OF DEATH Dec. 22, 1948 | | 5. SEX Female | | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify) Widowed | | 8. DATE OF BIRTH Mar. 30, 1869 |
| 9. AGE (In years last birthday) 79 | | IF UNDER 1 YEAR Months 8 Days 22 | | 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 Home | | 11. BIRTHPLACE (State or foreign country) St. Louis County, Mo. 99 |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Hiram Griffith | | |
| 13b. MOTHER'S MAIDEN NAME Catherine Sunday | | 14. NAME OF HUSBAND OR WIFE Eurl Burton Cain | | |
| 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'S SIGNATURE OR NAME Jake Cain |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. 108 | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES DUE TO (b) Bronchitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Myocarditis for years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1, 1948 to Dec 22, 1948 , that I last saw the deceased alive on Dec 21, 1948 , and that death occurred at 7 A. M. , from the causes and on the date stated above. (7) | | | | |
| 23a. SIGNATURE J. P. Royse | | (Degree or title) M. D. | | 23b. ADDRESS SULLIVAN, MO |
| 23c. DATE SIGNED 12/22/48 | | 24. LOCATION (City, town, or county) (State) Sullivan, Missouri | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 24, '48 | | 24c. NAME OF CEMETERY OR CREMATORY I. O. C. F. Sullivan |
| DATE REC'D BY LOCAL REG. 12-23-48 | | REGISTRAR'S SIGNATURE Ed. Conner | | 25. FUNERAL DIRECTOR'S SIGNATURE Thos. P. Shaffer |
| | | | | ADDRESS Sullivan, Mo. |

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

RECEIVED
District Health Officer No. 9,
District File Number
DEC 28 1948
Date Filed

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
Student Embalmer

Signed Edgar W. Taffan

Licensed Embalmer No. 2394

P. O. Address Sullivan, 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.