

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24052

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 58

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>McDONALD</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nook, Mo</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #1, Neosho</u>                                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>3</u>  |  | d. STREET ADDRESS (If rural, give location) <u>6 miles west of Neosho</u>   |  |

3. NAME OF DECEASED (Type or Print)  
a. (First) LORENE b. (Middle) GRIFFITH c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) July 21 49

5. SEX FEMALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH July 23, 1928 9. AGE (In years last birthday) (Month) (Days) (Hours) (Min.) 20 8 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer 10b. KIND OF BUSINESS OR INDUSTRY Bookkeeping 11. BIRTHPLACE (State or foreign country) Neosho, Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Loren Griffith 13b. MOTHER'S MARRIAGE NAME Alice Whites 14. NAME OF HUSBAND OR WIFE None

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. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Loren Griffith ADDRESS Neosho, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Accidental Drowning (b) \_\_\_\_\_ (c) \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH  
69298  
49

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In front of McDonald's 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neosho, McDonald, Mo.  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-21-49-9:00 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Accidental Drowning

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I did saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE A. W. Humphrey, Licensed (Degree or title) 23b. ADDRESS Geneville, Mo 23c. DATE SIGNED 7-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 7-25-49 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cemetery 24d. LOCATION (City, town, or county) (State) Neosho, Missouri

DATE REC'D BY LOCAL REG. 7-25-1949 REGISTRAR'S SIGNATURE Mayme Humphrey 423 25. FUNERAL DIRECTOR'S SIGNATURE 1 CLARK-BIGHAM MORTUARY ADDRESS Neosho

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

60  
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321 97 07

RECEIVED AUG 13 1949  
District Health Office No. 6,  
District File Number 849-928  
Date Filed 8-13-49

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 R. M. Humphrey, Jr. Student Embalmer No. 285  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Mayne E. Humphrey  
Licensed Embalmer No. 4262  
P. O. Address Parisville, 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.