

FILED SEP 6 1949

STANDARD CERTIFICATE OF DEATH

26039

State File No. _____

BIRTH NO. 50234-49 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> c. LENGTH OF STAY (in this place) <u>18 1/2 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Verona</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Vincent Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>Lee</u> c. (Last) <u>Vanada Griff</u>			4. DATE OF DEATH (Month) - (Day) - (Year) <u>8-18-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>8-17-49</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Verona, Mo.</u>
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME <u>Hat Van Da Griff</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen L. Carlson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IRMA CARLSON, Aurora, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (Only 6 1/2 mo.)</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Frequent pregnancies of mother, last child 8 months old.</u>			
DUE TO (c)		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 <u>no</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NA</u>		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) <u>NA</u>		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 8-17, 1949, to 8-18, 1949, that I last saw the deceased alive on 8-17, 1949, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. A. Gowan M.D.</u>		23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>8-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring R. Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Lawrence Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>Jos. H. King, Aurora, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-20-49</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>		12	

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

521

RECEIVED AUG 30 1949

District Health Office No. 6

District File Number 849-1010

Date Filed 8-31-49

RECORDED BY YATC (initials)

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

George E Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4598

P. O. Address Aurora 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.