

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7482

FILED APR 2 1951

State File No.

BIRTH NO.		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>4029</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>BARTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MINDEN MINES</u>		c. LENGTH OF STAY (In this place) <u>6 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MINDEN MINES</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>MATTHEW</u>		c. (Last) <u>GRIFFITT</u>	
4. DATE OF DEATH		(Month) <u>MAR</u>		(Day) <u>15</u>		(Year) <u>1951</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>SEP 9 1885</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 1 YEAR Days <u>6</u>		IF UNDER 1 YEAR Hours <u>6</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>BARTON COUNTY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>							
13a. FATHER'S NAME <u>MATTHEW GRIFFITT</u>			13b. MOTHER'S MAIDEN NAME <u>MARY JANE DAVIS</u>			14. NAME OF HUSBAND OR WIFE <u>LENA BELLE HELMS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LENA GRIFFITT, MINDEN MINES, 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>Brain hemorrhage</u>		ANTECEDENT CAUSES					DUE TO (b) <u>arteriosclerosis</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Pneumonia</u>					DUE TO (a) <u>5 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		<u>LAMAR Barton MO</u>	
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 <u>March 10, 1951</u> , to <u>March 15, 1951</u> , that I last saw the deceased alive on <u>March 14, 1951</u> , and that death occurred at <u>1:40 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Edward Guedner</u>				23b. ADDRESS <u>LAMAR (Mo)</u>		23c. DATE SIGNED <u>3-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 17 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>KILLEY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BARTON COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 19, 1951</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		420		25. FUNERAL DIRECTOR'S SIGNATURE <u>KONANTZ FUNERAL HOME, LAMAR, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 28 1951

Dist. File 351-662

Date Filed 3-28-51

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 Frank W. Denton

Signed.....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.