

FILED MAY 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16266

16266

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 64

1. PLACE OF DEATH
 a. COUNTY Grundy
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON
 c. LENGTH OF STAY (in this place) 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Grundy
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 452 WEST 15TH ST
 d. STREET ADDRESS (If rural, give location) TRENTON, MO 64021

3. NAME OF DECEASED
 a. (First) SARAH b. (Middle) FRANCES c. (Last) GRIFFIN
 (Type or Print) RHEA BRIGGINS
 4. DATE OF DEATH (Month) (Day) (Year) 3 - 30 - 51

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Sept. 29, 1866 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 84 6 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (State or foreign country) MERCER COUNTY MO 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME ALFRED MULLINS 13b. MOTHER'S MAIDEN NAME ELIZABETH ALEXANDER 14. NAME OF HUSBAND OR WIFE CHAS GRIFFIN

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 AND ADDRESS Ferry Rhea 402 West 15th St Trenton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia
 ANTECEDENT CAUSES DUE TO (b) 1st and 3rd degree Burns
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

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

21a. ACCIDENT (Specify) SUICIDE HOMICIDE ACCIDENT 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Trenton Grundy MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9 MARCH, 1951, to 24 MARCH, 1951, that I last saw the deceased alive on 24 MARCH, 1951, and that death occurred at 6:55 A. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quisick (Degree or title) M.D. 23b. ADDRESS Trenton, MO. 23c. DATE SIGNED 31 MARCH 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April, 2, 1951 24c. NAME OF CEMETERY OR CREMATORY Golden Climb 24d. LOCATION (City, town, or county) (State) Mercer County - MO.

DATE REC'D BY LOCAL REG. 4-2-51 REGISTRAR'S SIGNATURE Irene J. Fair 115 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis - Bluebonnet Trenton, Mo.

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

402
4



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 _____

Doyle E. Williams

working under my personal supervision.

Student Embalmer No. 422

Signed *Doyle E. Williams*
Student Embalmer

Signed

Ronald Davis

Licensed Embalmer No.

3424

P. O. Address

Denton, 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.