

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18756**

FILED JUN 6 1953

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **5789** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anniston, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anniston, Mo.	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 8670	
d. FULL NAME OF HOSPITAL OR INSTITUTION no street numbers			

3. NAME OF DECEASED a. (First) Missouri b. (Middle) ELLEN c. (Last) GRIFFITH			4. DATE OF DEATH (Month) (Day) (Year) April 12, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 14, 1872	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (State or foreign country) Wyatt, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sam Duty	13b. MOTHER'S MAIDEN NAME Evelyn Colbert	13c. NAME OF HUSBAND OR WIFE James Daniel Griffith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Minnie Baker East Name	17. ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) arteriosclerosis		
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 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 19, 1953** to **April 12, 1953** that I last saw the deceased alive on **April 12, 1953** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Burton D.O.	23b. ADDRESS Wyatt, Mo.	23c. DATE SIGNED April 15, 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-14-53	24c. NAME OF CEMETERY OR CREMATORY Anniston	24d. LOCATION (City, town, or county) (State) Anniston, Mo.
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DATE REC'D BY LOCAL REG. 6-2-53	REGISTRAR'S SIGNATURE Gertrude G. Harper	25. FUNERAL DIRECTOR'S SIGNATURE Norris Shelby East Name	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 5 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed

JUN 5 1950

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

Marion Shelby

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, 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.