

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 8 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>95</u>		
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Union Twp</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA, Mo.</u>		c. LENGTH OF STAY (If this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Union Twp</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles West Eolia, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE Co. HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>URIEL</u> b. (Middle) <u>(Jack)</u> c. (Last) <u>GRIFFITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 - 1953</u>					
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 10 - 1888</u>		
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>JAMES GRIFFITH</u>			13b. MOTHER'S MAIDEN NAME <u>BURNETTA HOLT</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET GRIFFITH</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARGARET GRIFFITH, Eolia, Mo.</u> ADDRESS _____				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary heart disease</u> 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. <u>primary atypical pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)		21f. HOW DID INJURY OCCUR?		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>11-27</u> , 19 <u>51</u> , to <u>7-30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>53</u> , and that death occurred at <u>2:30</u> A.M., from the causes and on the date stated above.								
23a. SIGNATURE <u>John H. Hooper M.D.</u> (Degree or title)				23b. ADDRESS <u>Charleville, Mo.</u>		23c. DATE SIGNED <u>8-31-53</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug. 1-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eolia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eolia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept 9, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u> 374		25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. McIne, Eolia, Mo.</u> ADDRESS _____				

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

SEP 8 1959

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 George O. Hagedorn

Licensed Embalmer No. 3773

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.