

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9202

State File No.

FILED MAR 23 1955

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3052 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>RICHMOND</u>		c. CITY OR TOWN <u>RICHMOND</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>LIFE</u>		f. STREET ADDRESS (If rural, give location) <u>303 EAST MAIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 EAST MAIN</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lois</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>GRYDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16, 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 2, 1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE KEEPING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ORRICK, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM FRANKS</u>	13b. MOTHER'S MAIDEN NAME <u>SAMANTHA SCOTT</u>	14. NAME OF HUSBAND OR WIFE <u>DANIAL GRyder</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ruby Franks, Richmond Missouri</u>	ADDRESS <u></u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Metastatic carcinoma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Carcinoma of breast</u>		
	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>170 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Mar 14, 1955, to Mar 16, 1955, that I last saw the deceased alive on Mar 16, 1955, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry M. Griffith, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Richmond, Mo</u>	23c. DATE SIGNED <u>3-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 18, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ORRICK, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 19, 1955</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	273- <u></u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>QUEST-HILE FUNERAL HOME</u>	ADDRESS <u>RICHMOND, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Raymond G. Gile*.....

Licensed Embalmer No. *4066*

P. O. Address *Richmond*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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