

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21802**

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 672
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE ILL b. COUNTY WINNEBAGO		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 3 MOS.	c. CITY OR TOWN ROCKFORD	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL		e. STREET ADDRESS (If rural, give location) ROCKFORD ILL.		
3. NAME OF DECEASED (Type or Print) a. (First) BESSIE		b. (Middle) B.	c. (Last) GRIFFIN	4. DATE OF DEATH (Month) (Day) (Year) AUG. 2, 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH FEB. 23, 1890	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPP.		10b. KIND OF BUSINESS OR INDUSTRY NATIONAL LOCK, CO.	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME LAFAYETTE BRAZEAL		13b. MOTHER'S MAIDEN NAME ANNIE BURKHEART	14. NAME OF HUSBAND OR WIFE DIVORCED	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS PAUL GRIFFIN ROCKFORD, ILL.	
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) Adenocarcinoma of the colon 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. 153X		INTERVAL BETWEEN ONSET AND DEATH 6 months
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)	
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>May 14</u> , 19 <u>55</u> , to <u>Aug. 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug. 1</u> , 19 <u>55</u> , and that death occurred at <u>7:20 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Delia R. Webb M.D.		23b. ADDRESS 609 Cherry St., Springfield, Mo.	23c. DATE SIGNED 8/2/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-3-55	24c. NAME OF CEMETERY OR CREMATORY SPARTA CEMETERY	24d. LOCATION (City, town, or county) (State) SPARTA MISSOURI
DATE REC'D BY LOCAL REG. 8/3/55		REGISTRAR'S SIGNATURE Edith Williams		FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPRINGFIELD, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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 *Max A. Hodge*.....
Licensed Embalmer No. *4*.....

P. O. Address *Spring*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (F 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.