Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 367962

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 198

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Nevada — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Nevada Hospital — Length of stay in 1b 6 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 215½ N. Cherry — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First: Julia Middle: Etta Last: Griffith

4. DATE OF DEATH Month Oct. Day 13 Year 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH March 5, 1887
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Oceola, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Taylor
14. MOTHER'S MAIDEN NAME Mary Wisner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 492-28-3071
17. INFORMANT Mrs. Mildred Gould Address Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis with right hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 48 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive and arteriosclerotid cardio-vascular disease. — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 27, 1956 to October 13, 1956 and last saw her alive on Oct 12, 1956
Death occurred at 2:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James J Pacor MD (Degree or title)
22b. ADDRESS Moore Building, Nevada, Mo
22c. DATE SIGNED 10-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-16-56
23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery
23d. LOCATION (City, town, or county) (State) Lamar, Missouri

24. FUNERAL DIRECTOR Eichinger Funeral Home ADDRESS Nevada, Mo
25. DATE RECD. BY LOCAL REG. 10-18-1956
26. REGISTRAR'S SIGNATURE Armor E Ferry

(Licensed Embalmer's Statement on Reverse Side)

51-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Percy F. Milste

Licensed Embalmer No.....48

P. O. Address.....Nevada

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