

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010281
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 251 Primary Registration District No. 3048

Registrar's No. 94

S. 300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Parnell
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Length of stay in lb 5 weeks	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Middle Last SARAH EDNA GRIFFEY			4. DATE OF DEATH Month Day Year 4 7 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/26/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Graham, Missouri
13a. FATHER'S NAME William Reed Bosley		13b. MOTHER'S MAIDEN NAME Alzada Eib	14. NAME OF HUSBAND OR WIFE Samuel Pearl Griffey
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 Address Mr. S. P. Griffey, Parnell, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastasis to lungs of Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Malignant ovipid ovarian-cervical tumor DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 165X			INTERVAL BETWEEN ONSET AND DEATH 1957
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1945 to 4/7/59 and last saw her alive on 4-6-59 Death occurred at 1:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H C Bauman M. D.		22b. ADDRESS Maryville, Missouri	22c. DATE SIGNED 4/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/9/59	23c. NAME OF CEMETERY OR CREMATORY Rose Hill	23d. LOCATION (City, town, or county) (State) Parnell, Mo.
24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 4-10-59	26. REGISTRAR'S SIGNATURE Bess Holt

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 *Curtis C. Kinsley*

Licensed Embalmer No. *4934*

P. O. Address *Marquette, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.