

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16525**

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 57

0402
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3002 MABLE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilson</u> b. (Middle) <u>W.</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 10 1950</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 6 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 4 HRS. Hours <u>4</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS/ OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>HARRISON Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>LAUNA SLADE</u>		14. NAME OF HUSBAND OR WIFE <u>Susie 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 ADDRESS <u>Mrs. Wilson W. Griffith Trenton, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>72 hours</u> <u>490-X</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Lobar Pneumonia</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, generalized</u>			

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 April 4, 1950, to April 10, 1950, that I last saw the deceased alive on April 10, 1950, and that death occurred at 11:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. L. Clante M.D.</u>		23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>4/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 12 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>TRENTON, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>4-11-50</u>	REGISTRAR'S SIGNATURE <u>Jeanne Jais</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DAVIS-BLACKMORE Trenton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)



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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. Gordon Blackmon

Signed.....
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Trenton, 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 this body is not embalmed, fact should be so stated above.