V.S. No. 300
REV. 10-48

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 87

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 51

0051

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Monett
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 507 - Pearl St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Monett
d. STREET ADDRESS (If rural, give location) 507 - Pearl St

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HERSCHEL c. (Last) GRIFFITH

4. DATE OF DEATH (Month) Jan (Day) 3 (Year) 1952

5. SEX M
6. COLOR OR RACE WL
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH Aug 20 1870
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 4 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit Gardener
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Clay Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hiram Griffith
13b. MOTHER'S MAIDEN NAME Johnson
14. NAME OF HUSBAND OR WIFE Leba Adelin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Arthur Tyr ADDRESS Monett Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

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
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 1951, to Jan 3, 1952 that I last saw the deceased alive on Jan 3, 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE F. H. Edwards (Degree or title) M.D.
23b. ADDRESS Monett, Mo
23c. DATE SIGNED 1-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 6-52
24c. NAME OF CEMETERY OR CREMATORY Old Fellows
24d. LOCATION (City, town, or county) Monett Lawrence Co. (State)

DATE REC'D BY LOCAL REG. Jan 10-1952
REGISTRAR'S SIGNATURE Oliver C. Warrington 465
25. FUNERAL DIRECTOR'S SIGNATURE J. R. Buchanan ADDRESS

(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 .....
Student Embalmer

Signed J. R. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monett 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.