No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2142

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 8048 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryville
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) St. Frances Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bolckow 0020
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Thomas
c. (Last) Griffin

4. DATE OF DEATH (Month) (Day) (Year) 1 - 13 - 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 4-30-1872
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months 8 Days 13 — IF UNDER 1 HR.: Hours Min.

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

13a. FATHER'S NAME Thomas Griffin
13b. MOTHER'S MAIDEN NAME Margrete
14. NAME OF HUSBAND OR WIFE Ova Laura Griffin

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. Lucy Good — ADDRESS 501 East 1st Tulsa Okla

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 years

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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* 5-9, 1951, *to* 1-13, 1952, *that I last saw the deceased alive on* 1-12, 1952 *and that death occurred at* 9:15 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title)
23b. ADDRESS Savannah Mo
23c. DATE SIGNED 1-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-17-1952
24c. NAME OF CEMETERY OR CREMATORY Bolckow
24d. LOCATION (City, town, or county) (State) Bolckow Mo

DATE REC'D BY LOCAL REG. 1-24-52
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home — ADDRESS Savannah Mo

(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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed E. L. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.