

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 26 1952

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sthens</u> <u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Southeast of Albany, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>Stapleton</u>	c. (Last) <u>Griffith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1952</u>
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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>May 27, 1869</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>22</u>	11. UNDER 1 MIN. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gentry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph R. Griffith</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Griffith</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Griffith</u>
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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 <u>Leslie Griffith</u>	ADDRESS <u>Englewood, Colo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>48 hrs.</u> <u>3 hrs.</u> <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gangrene of Small bowel</u>		
	DUE TO (c) <u>strangulated hernia (reduced)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cataclasts</u> <u>Generalized arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5615</u>
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22. I hereby certify that I attended the deceased from 5-16, 1952, to 5-19, 1952, that I last saw the deceased alive on 5-19, 1952, and that death occurred at 1:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leonard R. Lee M.D.</u> (Degree of title)	23b. ADDRESS <u>Bethany, Mo.</u>	23c. DATE SIGNED <u>5/20/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/21/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	24d. LOCATION (City, town, or county) (State) <u>Albany Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/21/52</u>	REGISTRAR'S SIGNATURE <u>Zola Burres</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chaffin Brock</u>	ADDRESS <u>Albany Mo</u>
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3329

P. O. Address Albany 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.