

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15301**

FILED MAY 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **6007** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Ralls,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Saltriver Township)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ruarl (Saltriver Township)</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Perry, Mo. R.F.D. 0870</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perry, Mo. R.F.D.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ned</b> b. (Middle) <b>Griffith</b> c. (Last) <b>Griffith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 27, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct-20-1894</b>	9. AGE (in years last birthday) <b>58</b>	IF UNDER 1 YEAR: Months <b>6</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ralls County, M. ssouri.</b>	
13a. FATHER'S NAME <b>James Griffith.</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Porter</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Griffith</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Mary Griffith Perry, Mo.</b>	
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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) <b>Coronary thromboses</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary disease</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 <b>4201</b>		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) m.		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 **May**, 1952, to **April 27**, 1953, that I last saw the deceased alive on **April 27**, 1953, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ernest T. Swan</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Perry, Missouri.</b>		23c. DATE SIGNED <b>4-28-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-29-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Perry, Missouri.</b>	
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DATE REC'D BY LOCAL REG <b>4-28-1953</b>		REGISTRAR'S SIGNATURE <b>Clyde Wilkey</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clyde Wilkey Perry, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

90  
1

FEB 26 1957

APR 11 1963

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..... *Clyde Wisney*

Licensed Embalmer No. *3520*

P. O. Address *Longview*

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.