

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **4528**

No. 300  
10-48

FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 238

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>25 years</u>	c. CITY OR TOWN <u>Springfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>657 S. Fremont</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>S.</u> c. (Last) <u>Griffith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 27, 1954</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>Sept. 19, 1870</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hdwe. Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>
13a. FATHER'S NAME <u>David L. Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah B. Shoemaker</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Inez J. Griffith</u>
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. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Inez J. Griffith Springfield,</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Interval between ONSET AND DEATH <u>3 weeks</u>	
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) _____	21f. HOW DID INJURY OCCUR? _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>8-19-47</u> , 19 <u>47</u> , to <u>2-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-26</u> , 19 <u>54</u> , and that death occurred at <u>11:15 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Home R. Marshall M.D.</u> (Degree or title)		23b. ADDRESS <u>Professionals Bldg</u>	23c. DATE SIGNED <u>3-1-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-1-54</u>	REGISTRAR'S SIGNATURE <u>Carroll Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharpf Funeral Home, Inc.</u> <u>Springfield, Missouri</u>	

FEB 17 1955

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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.....  
Signature of Student Embalmer

Signed *Lewis G. Schuyf*

Licensed Embalmer No. 380

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.