

16697

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5812 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - PRARIE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - PRARIE 0700</u>	
c. LENGTH OF STAY (In this place) <u>8 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles South Middletown</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRIFFITH</u> b. (Middle) <u>JAMES DANIEL</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 4 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>APRIL 23-1880</u>		9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ROITER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STEEL MILL</u>		11. BIRTHPLACE (State or foreign country) <u>WALES - ENGLAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>ENGLAND</u>		13a. FATHER'S NAME <u>NOT KNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>DANIEL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>333030269</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>David J. Daniel</u>		ADDRESS <u>Granite City, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized edema</u>		3 months	
DUE TO (c) <u>myocardial decompensation</u>				3 years	
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 <u>4222</u>		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 June 4, 1954 to June 4, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. C. Casdale</u> (Degree or title) <u>MO.</u>		23b. ADDRESS <u>Montgomery City Mo</u>		23c. DATE SIGNED <u>6-4-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Motor</u>		24b. DATE <u>6/7/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Edwardsville, Illinois</u>					

DATE REC'D BY LOCAL REG. <u>June 4-54</u>		REGISTRAR'S SIGNATURE <u>Ms. Zoe Chapman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u> ADDRESS <u>4828 Natural Bridge Blvd., St. Louis, 15, Mo.</u>	
Middletown Mo		Statement on Reverse Side)			

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

No. 300  
10.48

0700

APR 22 1954

**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 John W. Butler

Licensed Embalmer No. 4447

P. O. Address San Diego, Calif.

**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.