

No. 300
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FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **851**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo</u>		c. LENGTH OF STAY (in this place) <u>1mo.</u>	c. CITY OR TOWN <u>Greenfield Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		STREET ADDRESS (If rural, give location) <u>So Allison St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Cleveland</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 25, 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>19</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Publisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>News Paper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles W Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Lynch</u>		14. NAME OF HUSBAND OR WIFE <u>Della Deano Griffith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Phil S. Griffith Greenfield Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</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"/>
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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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 13 Dec, 1954 to Jan 14, 1955, that I last saw the deceased alive on 12 Dec, 1955, and that death occurred at 3:00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stanley A. Peterson M.D.</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>18 Jan 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 17, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Morial</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-22-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1953

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 *W. R. Allison*.....

Licensed Embalmer No. *44*.....

P. O. Address. *St. Louis*.....

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.