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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21294

FILED JUL 19 1955

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 399

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF O
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): POPLAR BLUFF HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ARKANSAS
b. COUNTY: CLAY 8030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PIGGOTT 8
d. STREET ADDRESS (If rural, give location): ROUTE #2

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): ANDERSON
c. (Last): GRIFFITH

4. DATE OF DEATH (Month) (Day) (Year): 7 - 6 - 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 29, 1888
9. AGE (In years last birthday): 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BROUGHTON ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM GRIFFITH
13b. MOTHER'S MAIDEN NAME: MARY C. ROGERS
14. NAME OF HUSBAND OR WIFE: IDA MAE GRIFFITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mildred Sheehan 6912 HEYDEN DETROIT, MICH.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-2, 1955, *to* 7-6, 1955, *that I last saw the deceased alive on* 7-6, 1955, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Poplar Bluff Mo.
23c. DATE SIGNED: 7-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-7-55
24c. NAME OF CEMETERY OR CREMATORY: PIGGOTT CEMETERY
24d. LOCATION (City, town, or county) (State): PIGGOTT, ARK.

DATE REC'D BY LOCAL REG.: 7/12/55
REGISTRAR'S SIGNATURE: O. K. Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE: Lloyd Russell
ADDRESS: Piggott Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 18 1955
BUTLER CO. HEALTH CENTER

FILE No._____

SEP 6 1955

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 Leroy J. Tyler

Licensed Embalmer No. 4941 mo

P. O. Address Piggott Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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