

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38643**

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5666** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAYWOOD		c. CITY OR TOWN MAYWOOD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) XXXXX		e. STREET ADDRESS (If rural, give location) XXXXXXXXXXXXXXXXXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXXXXX			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) DELBERT c. (Last) GRIFFITH			4. DATE OF DEATH DEC. 1, 1956 (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9/22/1892	9. AGE (In years last birthday) 64	if UNDER 1 YEAR Months 2 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AGENT		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) MELBOURNE, MO.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM H. GRIFFITH	13b. MOTHER'S MAIDEN NAME MAGGIE PAXTON	14. NAME OF HUSBAND OR WIFE HALLIE ETHEL GRIFFITH
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give year or dates of service) 1912	16. SOCIAL SECURITY NO. 707-09-7841	17. INFORMANT'S SIGNATURE OR NAME HALLIE E. GRIFFITH	ADDRESS MAYWOOD, MO.
--	---	--	---	-----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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	19b. MAJOR FINDINGS OF OPERATION	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) 4201
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 **Dec. 1, 1956**, to **Dec. 1, 1956**, that I last saw the deceased alive on **Dec. 1, 1956**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. H. Stuklman D.O.	23b. ADDRESS 523 S. Main, Palmyra, Mo.	23c. DATE SIGNED Dec. 5, 56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/3/56	24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN
		24d. LOCATION (City, town, or county) (State) LEWISTOWN, MO.

DATE REC'D BY LOCAL REG. 12-6-56	REGISTRAR'S SIGNATURE P. W. Jennings, M.D.	25. EMERALD DIRECTOR'S SIGNATURE Charles W. Crutch	ADDRESS Lewistown, Mo.
---	---	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

6

DEC 11 1953

DEC 17 1953

JUL 17 1958

256: 11/17/57

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 *Charles L. Arnold*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN

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.