

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40845**

FILED DEC 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5799 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If of field corporate limits, write BUREAU and give township) OR TOWN <u>Carrollton R.F.D. #2</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Carrollton R.F.D. #2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carrollton R.F.D. #2</u>			e. STREET ADDRESS (If rural, give location) <u>Northeast of Carrollton Mo.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>A.</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-56</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 27 1890</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Wakenda Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---	--	--

13a. FATHER'S NAME <u>James Staburf</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Chapman</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Griffith</u>	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Griffith</u> ADDRESS <u>Carrollton Mo. R.F.D. #2</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				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. <u>Chr. arteriosclerosis</u>				

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) <u>331x</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from 6/23/56, 1956, to 11/26/56, 1956 that I last saw the deceased alive on 11/26/56, 1956 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Mrs. M. S. Chellis</u>		23b. ADDRESS <u>Carrollton Mo.</u>	23c. DATE SIGNED <u>12/19/56</u>
--	--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-16-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12/16/56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Heber Carver</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall F. Home</u>	ADDRESS <u>Carrollton Mo.</u>
--	--	--	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

4  
5  
0

JUN 1 3 1958

**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.....  
*R. M. Marshall, Jr.*

Licensed Embalmer No. *446*

P. O. Address *Carraceta*

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.