

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39143**

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **4031** Registrar **129** **128**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Adrain	c. LENGTH OF STAY (in this place) 4 days	c. CITY (If outside corporate limits, write RURAL and give township) TOWN Harrisonville	
d. FULL NAME OF HOSPITAL OR INSTITUTION N W Part of Adrain, Mo.		d. STREET ADDRESS (If rural, give location) 700 Main	

3. NAME OF DECEASED a. (First) EMMA b. (Middle) K. c. (Last) GRIFFITH		4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 22, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY same	9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____
		11. BIRTHPLACE (City and State or Foreign Country) Forest City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gabriel Mauck	13b. MOTHER'S MAIDEN NAME Mary Ann Yeoman	14. NAME OF HUSBAND OR WIFE Eliza J. Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Temple Estes Adrain, Missouri

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCT		2 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION		2 DAYS
DUE TO (c) CORONARY ARTERIO SCLEROSIS		8 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 4201	20. AUTOPSY? 2 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)	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 1955 , 19____, to Nov. 28, 1957 , that I last saw the deceased alive on Nov. 22, 1957 , and that death occurred at NOON m., from the causes and on the date stated above.		

23a. SIGNATURE R. W. Wood, M.D.	(Degree or title)	23b. ADDRESS HARRISONVILLE Mo	23c. DATE SIGNED Nov 29 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-30-57	24c. NAME OF CEMETERY OR CREMATORY Wills Cemetery	24d. LOCATION (City, town, or county) (State) Peculiar, Missouri

DATE REC'D BY LOCAL REG. Nov. 30-1957	REGISTRAR'S SIGNATURE Randall Torrey	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William H. Hays Harrisonville Mo
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(Licensed Embalmers' Statement on Reverse Side)

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

17-0

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 Robert W. Arkinson

Licensed Embalmer No. 4902

P. O. Address San Francisco, 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.