

FILED DEC 10 1957

40985 NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 113

S. 300
v. 1-57 0

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HURORA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>HURORA</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hurora Hospital</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>802 Adams St</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CARL T. Griffith</u>			4. DATE OF DEATH Month Day Year <u>DEC 4, 1957</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 8, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Supl.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoefactory</u>	11. BIRTHPLACE (City and state or country) <u>Huntington Ind.</u>
13a. FATHER'S NAME <u>JESSIE Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA GASTY</u>	14. NAME OF HUSBAND OR WIFE <u>JENNIE Griffith</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no non</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>JENNIE Griffith, Hurora, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11-23-57 to Dec 4/57</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>myocardial failure</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>Chronic vascular disease</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			334X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>11-23-57</u> to <u>12-4-57</u> and last saw him alive on <u>12-4-57</u> Death occurred at <u>6 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. D. McEllum M.D.</u>		22b. ADDRESS <u>300 S. Elliott Hurora</u>	
22c. DATE SIGNED <u>Dec 5/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-6-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>	23d. LOCATION (City, town, or county) (State) <u>Hurora, Mo.</u>
24. FUNERAL DIRECTOR <u>Marsh Funeral Home</u>		ADDRESS <u>Hurora, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-6-1957</u>
		26. REGISTRAR'S SIGNATURE <u>Ora McRatt</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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(License of Embalmer's Statement on Reverse Side)

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 *Max L. Forsett*

Licensed Embalmer No. *4252*

P. O. Address *Madison, Wis.*

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.