IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 2 1960

60-020393
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA — Length of stay in 1b LIFE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 623 FRANKFORD RD — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Pike
c. CITY OR TOWN LOUISIANA — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 623 FRANKFORD RD — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HATTIE Middle ELIZABETH Last GRIFFITH
4. DATE OF DEATH Month MAY Day 15 Year 1960
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/1/1895
9. AGE (last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FACTORY WORKER
10b. KIND OF BUSINESS OR INDUSTRY GLOVE FACTORY
11. BIRTHPLACE (City and state or country) LOUISIANA, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ELIJAH HOLLAND
13b. MOTHER'S MAIDEN NAME MARY GOSLINE
14. NAME OF HUSBAND OR WIFE CARROLL 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. 490-05-3680
17. INFORMANT RUDOLPH GRIFFITH Address MAYFIELD, KY

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock caused by Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Post traumatic Phlebothrombosis — 5 Days
DUE TO (c) accidental injury to Left leg — 5 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Compensated heart disease Coronary Sclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall at Home, Contusion Left Leg
20c. TIME OF INJURY Hour ? p.m. Month, Day, Year 5-10-60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION LOUISIANA COUNTY Pike STATE MO

21. I attended the deceased from 6-15-59, to 5-15-1960 and last saw her/him alive on 5-10-60
Death occurred at 8:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE David L Bilyeu (Degree or title) DO.
22b. ADDRESS 220 N 5th St. La Mo.
22c. DATE SIGNED 5-16-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 17, 1960
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
23d. LOCATION (City, town, or county) Louisiana (State) Mo
24. FUNERAL DIRECTOR Sterne Funeral Home ADDRESS Louisiana Mo
25. DATE RECD. BY LOCAL REG. May 25-60
26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed 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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. B. Sterne

Signature of Student Embalmer

Licensed Embalmer No. 4039

P. O. Address Louisia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.