

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031198

FILED VS SEP 9 1960

Registration District No. 176 Primary Registration District No. 5657 Registrar's No. 12

STATE FILE NUMBER

DEED

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>Red Oak Red Oak</u>		Length of stay in 1b <u>Native</u>		c. CITY OR TOWN <u>Red Oak</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>W Russell B. Rte 1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Mary</u> Last <u>Griffith</u>				4. DATE OF DEATH Month <u>8</u> Day <u>15</u> Year <u>1960</u>					
5. SEX <u>Female</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>6-18-1900</u>		9. AGE (last birthday) <u>60</u> IF UNDER 1 YEAR IF UNDER 24 HR Months <u>1</u> Days <u>28</u> 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		11. BIRTHPLACE (City and state or country) <u>Lawrence Co.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>George F. Pyle</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Berins</u>			14. NAME OF HUSBAND OR WIFE <u>Chet Griffith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>None</u>			16. SOCIAL SECURITY NO. <u>500-40-5823</u>		17. INFORMANT <u>Chet Griffith</u>		Address <u>W Russell B. Rte 1</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>acute coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>year?</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. Month, Day, Year _____		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>6-25-60</u> to <u>8-15-60</u> and last saw <u>him</u> alive on <u>6-25-60</u> Death occurred at <u>8:45</u> <u>P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Meru Taylor M.D.</u>				22b. ADDRESS <u>Jackson, Mo</u>				22c. DATE SIGNED <u>8/19/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-17-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greys Point</u>		23d. LOCATION (City, town, or county) (State) <u>N. W. J. Miller Mo.</u>			
24. FUNERAL DIRECTOR <u>Morris Leiman</u>			ADDRESS <u>Miller Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>8-16-60</u>		26. REGISTRAR'S SIGNATURE <u>W & Burtney</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. B. Jensen

Licensed Embalmer No. 3297

P. O. Address Miller

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.