

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001985

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 535

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 5 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE	a. STATE MISSOURI	b. COUNTY JACKSON
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SKYVIEW MANOR		c. CITY OR TOWN INDEPENDENCE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb. 60 yrs.		d. STREET ADDRESS 1400 NO. RIVER	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First EDNA	Middle ANN	Last GRIFFITH	Month JANUARY	Day 29	Year 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-5-1890	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN DAVIDSON		14. NAME OF HUSBAND OR WIFE LUTHER GRIFFITH - Dec'd.	
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 Address Robert Griffith, Carthage, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Cardiac Arrest		
DUE TO (b) Arteriosclerotic Heart Disease		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 September 1962 to 1-29-63 and last saw her ^{her} alive on 1-22-63
Death occurred at 10:45 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Eileen H. Dorsch</i>	(Degree, or title)	22b. ADDRESS 10901 Winner Road Independence, Missouri	22c. DATE SIGNED 1-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-1-63	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.	23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MO.

24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-31-63	26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Jan 31, 63
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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 Kenneth R. Lunman

Licensed Embalmer No. 5207

P. O. Address Indian, Mo

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.

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