

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009988

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 42

**FILED MAR 4 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0975

2 0975-

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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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Length of stay in 1b <u>54 yrs</u>	c. CITY OR TOWN <u>Marshall</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fiftygibbon Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>543 E Black</u>
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>ELLEN</u> Last <u>GRIFFITH</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wif</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (last birthday) <u>87</u>
13a. FATHER'S NAME <u>William Denny</u>		13b. MOTHER'S MAIDEN NAME <u>Menervia Sisco</u>	11. BIRTHPLACE (City and state or country) <u>Decaturville MO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>no</u> )		16. SOCIAL SECURITY NO. <u>-</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
17. INFORMANT <u>Clifton Griffith</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Henry Griffith</u>	
18. CAUSE OF DEATH (Enter only one cause of death. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central thrombosis</u> )		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</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 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 <u>Jan 1958</u> to <u>Feb 1963</u> and last saw her alive on <u>2-26-63</u> . Death occurred at <u>11:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert W. Blalock md</u> (Degree or title)		22b. ADDRESS <u>Marshall, Missouri</u>	22c. DATE SIGNED <u>2-27-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-1-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Lick Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Saline County, MO</u>
24. FUNERAL DIRECTOR <u>Harry Zershbogen</u> ADDRESS <u>Marshall, MO</u>		25. DATE RECD. BY LOCAL REG. <u>2-28-'63</u>	26. REGISTRAR'S SIGNATURE <u>Cecil D. Reed</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall, 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.