

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035574

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 63-58 STATE FILE NUMBER

FILED SEP 16 1963

VS 300
Rev. 4/59
10290
2 n060
3
4 0
5 1
6
7 1
8 2
96000
10
11
12 1-0
13 1-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood		Length of stay in 1b 10 days	c. CITY OR TOWN Golden City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lockwood Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) --- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MELVIN LEWELLYN GRIFFITH		4. DATE OF DEATH Month Aug. Day 26 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/20/81
9. AGE (last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney	11. BIRTHPLACE (City and state or country) Cleveland, Tenn.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Ivory Fenton Griffith	
14. MOTHER'S MAIDEN NAME -- Goslin		15. NAME OF HUSBAND OR WIFE Mabel Griffith	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. SOCIAL SECURITY NO. 216944880	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pericarditis		19. INTERVAL BETWEEN ONSET AND DEATH 36 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Arteriosclerotic Heart Disease	
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		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. I attended the deceased from 8/13/63 to 8/26/63 and last saw him alive on 8/26/63 Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Lee A. Mc Neel, M.D.	
23. ADDRESS Greenfield, Mo		22c. DATE SIGNED 8/27/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/28/63	
23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		23d. LOCATION (City, town, or county) Barton Co., Mo.	
24. FUNERAL DIRECTOR Phillips-Pugh Funeral Home,		25. DATE RECD. BY LOCAL REG. 8/28/63	
ADDRESS Golden City, Mo.		26. REGISTRAR'S SIGNATURE J. C. Canada	

USE BLACK INK OR TYPEWRITER RIBBON

Lee A. Mc Neel, Jr., M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATE OF MISSOURI

notary public

Missouri

State

Secretary

Missouri

Missouri

Missouri

Missouri

Missouri

Missouri

Missouri

SEP 17 1963

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 _____

H. F. Reighs

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.