

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 6 1949

State File No. **291893**
Registrar's No. **169**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 169	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Missouri				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Missouri			
c. LENGTH OF STAY (in this place) 10 yrs.				d. STREET ADDRESS (If rural, give location) 408 South Washington, Str.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 408 South Washington Str.				4. DATE OF DEATH (Month) (Day) (Year) Sept 22 1949			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First)		b. (Middle) GRIFFITH		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 8, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crossing Watchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Griffith			13b. MOTHER'S MAIDEN NAME Susan Brown			14. NAME OF HUSBAND OR WIFE Nora Griffith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. RR Ret. Act		17. INFORMANT'S SIGNATURE OR NAME Marvin Griffith ADDRESS Mexico Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Chronic Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Acute 10 months known	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mexico Audrain Mo.		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 1/24, 1949 , to 9/22, 1949 , that I last saw the deceased alive on 9/10, 1949 , and that death occurred at 7:50 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Howard P. Goshyn		(Degree or title) M.D.		23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED 9/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 24, 1949		24c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery		24d. LOCATION (City, town, or county) (State) Fulton Missouri	
DATE REC'D BY LOCAL REG. Sept 24 49		REGISTRAR'S SIGNATURE Bonnie Keely		25. FUNERAL DIRECTOR'S SIGNATURE Clara Arnold		ADDRESS Mexico Mo	

DEC 7 1949

RECEIVED OCT 5 1949
District Health Officer Roy W.
District File No. 10-49-172
Date Filed OCT 5 1949

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
Student Embalmer

Signed

Charles V. Greening

Licensed Embalmer No. *46215*

P. O. Address *Mexico 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 this body is not embalmed, fact should be so stated above.