

FILED AUG 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24371

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> <u>1883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>903 W. Reed St</u>		d. STREET ADDRESS (If rural, give location) <u>903 W. Reed</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>C.</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11th 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 25th 1904</u>		9. AGE (In years last birthday) <u>46</u>		9. AGE (In years last birthday) <u>5</u> <u>16</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>David Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Jesse Sandison</u>	
14. NAME OF HUSBAND OR WIFE <u>Lavinia</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H.C. Griffith</u>		ADDRESS <u>Moberly</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>20 mins</u> <u>7201</u>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from called in last illness, that I last saw the deceased alive on July 10, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Griffith</u> (Degree or title) _____		23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>Jul 13 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 13th 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>	
24d. LOCATION (City, town, or county) <u>Huntsville, Mo</u>		24e. (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son</u> ADDRESS <u>Moberly, Mo</u>	

DATE REC'D BY LOCAL REG. <u>July 13-50</u>		REGISTRAR'S SIGNATURE <u>Leah W. ...</u> <u>0269</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son</u> ADDRESS <u>Moberly, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1950 NOV 6

APR 18 1957

JUL 22 1950A

RECEIVED

JUL 24 1950

District Health Officer No. 10

District File Number 7-50-1204

Date Filed JUL 31 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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.