

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29995

BIRTH NO. _____		REG. DIST: NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 889	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene 0290			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN Willard 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) R. c. (Last) Griffith			4. DATE OF DEATH (Month) (Day) (Year) October 9 1950				
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1890		9. AGE (in years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Farmer		10b. KIND OF BUSINESS OR INDUSTRY Dairy Farming		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jennie Lou Griffith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Jennie Lou Griffith, Willard, Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General Carcinomatosis</i> ANTECEDENT CAUSES DUE TO (b) <i>Pneumny Lesson</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <i>the Stomach.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 7517
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Operated at Barnes Hospital, St. Louis, Mo. <i>General Carcinoma primary Stomach</i>					19c. 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 <i>Sept 15, 1950</i> , to <i>Oct 9, 1950</i> , that I last saw the deceased alive on <i>Oct 9, 1950</i> , and that death occurred at <i>5:50 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. E. Handley M.D.</i> (Degree or title)				23b. ADDRESS <i>Springfield MO</i>		23c. DATE SIGNED <i>10/11/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>		24b. DATE <i>Oct 12, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenlawn Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Springfield, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>10-11-50</i>		REGISTRAR'S SIGNATURE <i>W. E. Handley M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Alma Johnson</i> ADDRESS <i>137 W. GREENWAVE, WINDLE FUNERAL, SPRINGFIELD, MO.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48396
0

NOV 9 1957

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. 4707

P. O. Address. Springfield, 7

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 29995-50

State of Missouri }
County of Greene } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 22nd day of November, 1950, before me appears.....

Bernard F Wright (Sec.), who, upon his oath, states that the original record of ^{xxxx} Birth death

for Alma Lohmeyer Funeral Home
Charles R. Griffith died October 9, 1950, in the State of
born Oct 10, 1950, should be corrected as follows:

Item No. 25 should read Greenwade-Windle Funeral Home, Willard, Mo.

Instead of Alma Lohmeyer Funeral Home, Springfield, Missouri

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sec.

Alma Lohmeyer Funeral Home Relationship.

630 St Louis, Springfield, Missouri
Present Address.

Subscribed and sworn to before me this 22nd day of November, 1950

My Commission expires July 28, 1954 Jewell E. Kudd Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1950