

FILED SEP 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 278897

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5968</u>		Registrar No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>Tolk</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Tolk</u>			
b. CITY OR TOWN <u>Halfway, N. Benton</u>		c. LENGTH OF STAY (In this place) <u>29 yrs</u>		c. CITY OR TOWN <u>Halfway, N. Benton</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mile N.W. of Halfway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. W. W. of Halfway</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>Samuel</u>		c. (Last) <u>Griffith</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>22</u>		(Year) <u>1951</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>Oct. 21 1872</u>		9. AGE (In years, last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Near Berryville, Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jabez Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Frankie Jones</u>		13c. NAME OF HUSBAND OR WIFE <u>Martha Lou Griffith</u>			
14. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. S. Griffith</u>			
17. ADDRESS <u>Halfway, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus Pneumonia</u> DUE TO (c) <u>Arterio-sclerotic heart dis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 day</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>492X</u> YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>22 July, 1951</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. S. Griffin</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>2 Aug 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reed Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>South of Halfway Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 1, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>and Blue</u>		ADDRESS <u>Balnear Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 7 1951

Dist. File 237-1632
Date Filed 9-7-51

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Balunor, 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.