

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 5006
754

FILED MAR 8 1952

| | | | | | | | |
|---|--|--|--|--|--|--|-----------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 50 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | 3408 3400 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2915 Garfield | | | | d. STREET ADDRESS (If rural, give location) 2915 Garfield | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Roy | | b. (Middle) Robert | | c. (Last) GRIFFITTS | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1952 | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1 | 8. DATE OF BIRTH 7-22-96 | | 9. AGE (In years last birthday) 55 | 10 UNDER 1 YEAR Months | 11 UNDER 18 Hrs. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | | 10b. KIND OF BUSINESS OR INDUSTRY Benson Mfg. Co. | | 11. BIRTHPLACE (State or foreign country) Stanley, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Abraham Griffiths | | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Emma Griffiths | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I | | 16. SOCIAL SECURITY NO. 512-09-4572 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Griffiths, 2915 Garfield, KC, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertensive Cardio-vascular</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 9 minutes ? 4201 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | |
| 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) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 1-22, 1952, to 2-17, 1952, that I last saw the deceased alive on 2-16, 1952, and that death occurred at 8 A. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE B. Marcus Heller (Degree or title) <i>B. Marcus Heller M.D.</i> | | | | 23b. ADDRESS 416 Bessant Bldg. | | 23c. DATE SIGNED 2-18-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11 | | 24b. DATE 2-20-52 | 24c. NAME OF CEMETERY OR CREMATORY Green Lawn | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | |
| DATE REC'D BY LOCAL REG. 2-18-52 | | REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

2561 06 ABUS
1952

Dr. Heller
Bryant Bldg
Widlet 3005 main

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Gen E Heck

Licensed Embalmer No. 4063

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