

MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17323

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>5819</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Peoria</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage</u>		c. LENGTH OF STAY (in this place) <u>Transit</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peoria</u>		<u>ST 20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>20 Miles S. of Versailles</u>				d. STREET ADDRESS (If rural, give location) <u>1433 Missouri, Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Butler</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>23</u> (Year) <u>1952</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>March 7, 1896</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Illinois Light</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Butler</u>		14. NAME OF HUSBAND OR WIFE <u>Lurlyn Griffith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W. W. NO. 1 331-01-1822</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lurlyn Griffith, Peoria, Ill</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) <u>Myocardial Infarction</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>1 1/2 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (Min.)		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 <u>May 23, 1952</u> , to <u>May 23, 1952</u> , that I last saw the deceased alive on <u>May 23, 1952</u> , and that death occurred at <u>12:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ruth Kaufman, M.D.</u> (Degree or title)				23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>May 23, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 23, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Peoria, Illinois.</u>		
DATE REC'D BY LOCAL REG. <u>May 24-1952</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Redwell</u>		ADDRESS <u>Versailles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

910
3

12/11 9:15 AM

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.

Student Embalmer No.

Student
Student Embalmer

Signed *J. F. Kinnell*

Licensed Embalmer No. 1596

P. O. Address Wesville 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.