

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24261**

FILED AUG 11 1952 REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **4205** Registrar's No. **80**

1. PLACE OF DEATH
a. COUNTY **HARRISON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **MO.** b. COUNTY **HARRISON**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Gilman City** c. LENGTH OF STAY (in this place) **25 yrs.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Gilman City** d. STREET ADDRESS (If rural, give location) **5410**

3. NAME OF DECEASED
a. (First) **RICHARD** b. (Middle) **G** c. (Last) **GRIFFITH**

4. DATE OF DEATH (Month) (Day) (Year)
8 7 1952

5. SEX **M** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)
MARRIED

8. DATE OF BIRTH **12-3-1868** **9. AGE** (In years last birthday) **83** IF UNDER 1 YEAR Months **8** Days **4** IF UNDER 24 HRS. Hours **4** Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED FARMER** **10b. KIND OF BUSINESS OR INDUSTRY** **FARMING** **11. BIRTHPLACE** (City and State or Foreign Country) **DAVISEG MO** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **GEORGE GRIFFITH** **13b. MOTHER'S MAIDEN NAME** **SARAH SHAITZ** **14. NAME OF HUSBAND OR WIFE** **ERMA HAYNES GRIFFITH**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** **16. SOCIAL SECURITY NO.** **NO** **17. INFORMANT'S SIGNATURE OR NAME** **Hugh Griffith - Jamesport Mo** **ADDRESS**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Nephritis Chronic** **INTERVAL BETWEEN ONSET AND DEATH** **7 yr**

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.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **592X** **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Jan 14, 1951, to Aug 7, 1952, that I last saw the deceased alive on Aug 6, 1952, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **23b. ADDRESS** **23c. DATE SIGNED** **8/9/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION (City, town, or county) (State)**

BURIAL **8-11-1952** **Masonic Cemetery** **Jamesport, Mo.**

DATE REC'D BY LOCAL REG. **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**

8/9/52 **Zola Burris** **Doyle E. Williamson - Gilman City, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

0410

1961
28
1961

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 Ray E. Williamson

Licensed Embalmer No. 4883

P. O. Address Palmer City

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.