

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34742**

<p>WED NOV 3 1952 BIRTH NO. _____</p>		<p>REG. DIST. NO. <u>128</u> PRIMARY REG. DIST. NO. <u>5460</u> Registrar's No. <u>964</u></p>	
<p>1. PLACE OF DEATH a. COUNTY <u>Greene</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u></p>	
<p>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twp</u></p>		<p>c. LENGTH OF STAY (In this place) <u>6 weeks</u></p>	
<p>d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Route 3, Springfield</u></p>		<p>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twp</u> <u>0310</u></p>	
<p>d. STREET ADDRESS (If rural, give location) <u>Route 3, Springfield</u></p>			
<p>3. NAME OF DECEASED (Type or Print) a. (First) <u>EMERT</u> b. (Middle) <u>O.</u> c. (Last) <u>GRIFFITH</u></p>		<p>4. DATE OF DEATH (Month) (Day) (Year) <u>October 26 1952</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u></p>	<p>8. DATE OF BIRTH <u>May 5, 1885</u></p>
<p>9. AGE (In years last birthday) <u>67</u></p>	<p>IF UNDER 1 YEAR Months _____ Days _____</p>	<p>IF UNDER 12 Wks. Hours _____ Min. _____</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Building Houses</u></p>	
<p>11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u></p>		<p>12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>Joseph Griffith</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Jennie Biggs</u></p>	
<p>14. NAME OF HUSBAND OR WIFE _____</p>			
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>Unknown</u></p>	
<p>17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eula Hawkins, Springfield, Mo.</u></p>		<p>ADDRESS _____</p>	
<p>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.</p>		<p>MEDICAL CERTIFICATION</p>	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u></p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>see nine</u></p>	
<p>ANTECEDENT CAUSES Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>		<p>DUE TO (b) <u>Coronary arteriosclerosis</u> <u>years</u></p>	
<p>DUE TO (c) _____</p>		<p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension</u> <u>years</u></p>	
<p>19a. DATE OF OPERATION _____</p>		<p>19b. MAJOR FINDINGS OF OPERATION <u>4201</u></p>	
<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>			
<p>21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____</p>		<p>21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____</p>			
<p>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____</p>		<p>21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>21f. HOW DID INJURY OCCUR? _____</p>			
<p>22. I hereby certify that I attended the deceased from <u>10-6, 1951</u>, to <u>10-26, 1952</u>, that I last saw the deceased alive on <u>10-20, 1952</u>, and that death occurred at <u>7:00 P.M.</u>, from the causes and on the date stated above.</p>			
<p>23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____</p>		<p>23b. ADDRESS <u>Springfield, Mo</u></p>	
<p>23c. DATE SIGNED <u>10-27-52</u></p>			
<p>24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>24b. DATE <u>10-28-52</u></p>	
<p>24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u></p>		<p>24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u></p>	
<p>DATE REC'D BY LOCAL REG. <u>10-28-52</u></p>		<p>REGISTRAR'S SIGNATURE <u>[Signature]</u></p>	
<p>25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u></p>		<p>ADDRESS <u>Springfield</u></p>	

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

Dr Ham
med on

JAN 6 1953

JUN 2 1953

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.