

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31326

State File No. \_\_\_\_\_

FILED OCT 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 270

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cole</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>West Virginia</u> b. COUNTY <u>unk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craigsville</u>		d. STREET ADDRESS (If rural, give location) <u>Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>William Ray Griffie</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 27, 1953</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 24, 1930</u>	<b>9. AGE</b> (In years, last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Unk</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) / <u>Craigsville, West Virginia</u>	
<b>13a. FATHER'S NAME</b> <u>William D. Griffie</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Carrie E. Mollhan</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>				<b>16. SOCIAL SECURITY NO.</b> <u>235-44-8130</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>W. Va</u> ADDRESS <u>Craigsville</u>					

<b>13c. FATHER'S NAME</b> <u>William D. Griffie</u>		<b>13d. MOTHER'S MAIDEN NAME</b> <u>Carrie E. Mollhan</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Iva E. Griffie</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock Primary due to trauma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple fractures of left elbow</u> <u>3) Pelvic</u>					<u>4 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemothorax left</u>		DUE TO (c)					<u>4 days</u>

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 02 (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>		

22: I hereby certify that I attended the deceased from Sept 24, 1953 to Sept 27, 1953, that I last saw the deceased alive on Sept 27, 1953, and that death occurred at 2:40 A. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>L. B. Hebler M.D.</u>		<b>23b. ADDRESS</b> <u>Jefferson City, Mo.</u>		<b>23c. DATE SIGNED</b> <u>9-27-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b> <u>Sept. 27, 1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Craigsville Cemetery</u>
<b>24d. LOCATOR</b> (City, town, or county) (State) <u>Craigsville, W. Va.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>N. R. Victor Buscher Jefferson City Mo</u>		
<b>DATE REC'D BY LOCAL REG.</b> <u>9/27/53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>R. P. Davis M. D.</u>		<b>68-0</b>

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**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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.