

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41822**

FILED NOV 17 1953

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6133		Registrar's No. 763	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon			
b. CITY OR TOWN Rural Newton		c. LENGTH OF STAY (in this place) 41 Yr's		c. CITY OR TOWN Round Springs Gladden		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) North on 19 H.W.			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Edgar c. (Last) Griffith			4. DATE OF DEATH (Month) (Day) (Year) 11/2/53				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Feb 23 1912	
9. AGE (in years last birthday) 41		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Timber work		11. BIRTHPLACE (City and State or Foreign Country) Shannon Co Mo		12. CITIZEN OF WHAT COUNTRY? Mo	
13a. FATHER'S NAME Wm M Griffith			13b. MOTHER'S MAIDEN NAME Emily Keller			14. NAME OF HUSBAND OR WIFE single	
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm M Griffith Gladden 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) Ac. Coronary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension due to DUE TO (c) Arteriosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe debility- starvation				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 9-10 Months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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 1949 , to 1953 , that I last saw the deceased alive on Nov. 1, 1953 , and that death occurred at 3 A m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph P. Duernitz				23b. ADDRESS Salem Mo		23c. DATE SIGNED 11/3/53	
24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/4/53		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem		24d. LOCATION (City, town, or county) (State) Salem Mo	
DATE REC'D BY LOCAL REG. 11-16-53		REGISTRAR'S SIGNATURE Mabel Green		25. FUNERAL DIRECTOR'S SIGNATURE Carl W. Spitzer		ADDRESS Salem Mo	

10/10
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Carl H. Ginner*.....

Licensed Embalmer No. *2276*
P. O. Address *Salmon, WA*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.