

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1336

State File No. ....

FILED JAN 27 1954

95

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Platte

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 1 day

c. CITY OR TOWN Parkville d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital e. STREET ADDRESS (If rural, give location) 200 Summer Street 0830

3. NAME OF DECEASED (Type or Print) a. (First) Blanche b. (Middle) Noble c. (Last) Griffith 4. DATE OF DEATH (Month) (Day) (Year) 1-7-54

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 6-5-1890 9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) asst Prof music 10b. KIND OF BUSINESS OR INDUSTRY music 11. BIRTHPLACE (City and State or Foreign Country) Albia Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John Willie Noble 13b. MOTHER'S MAIDEN NAME Anderson 14. NAME OF HUSBAND OR WIFE Dr Charles Leonard Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Charles Leonard Griffith ADDRESS Parkville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) terminal hypertensive pneumonia INTERVAL BETWEEN ONSET AND DEATH 12 hours  
ANTECEDENT CAUSES DUE TO (b) cerebral thrombosis 20 hours  
DUE TO (c) arteriosclerosis 5 years  
II. OTHER SIGNIFICANT CONDITIONS 332X  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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 (Month) (Day) (Year) (Hour) OF INJURY \_\_\_\_\_ 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 6, 1954, to Jan 7, 1954, that I last saw the deceased alive on Jan 7, 1954, and that death occurred at 11:35 AM from the causes and on the date stated above.

23a. SIGNATURE E. O. Conrke (Degree or title) \_\_\_\_\_ 23b. ADDRESS 2400 E. 37th St K.P. Mo 23c. DATE SIGNED 1/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Jan 9-54 24c. NAME OF CEMETERY OR CREMATORY Askalusa 24d. LOCATION (City, town, or county) (State) Askalusa Iowa

DATE REC'D BY LOCAL REG. \_\_\_\_\_ REGISTRAR'S SIGNATURE Seraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE Leland H Francis ADDRESS Parkville Mo

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 *Leland G. Francis* .....

Licensed Embalmer No. *34* .....

P. O. Address *Parkville* .....

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.