

No. 300
10. 48

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16239

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3057 Registrar's No. 51

821

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

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Louisiana
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital		• STREET ADDRESS (If rural, give location) 610 Frankford Road	
3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) Augustus c. (Last) Griffith		4. DATE OF DEATH (Month) (Day) (Year) May 20, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/10/1895
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR 9 Months	IF UNDER 12 HRS. 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (City and State or Foreign Country) Louisiana, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Q. Griffith	
13b. MOTHER'S MAIDEN NAME Maggie Carroll		14. NAME OF HUSBAND OR WIFE Gertie	
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. 486-38-6376	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Claude Griffith, Louisiana, Mo.		ADDRESS	
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) Punctured Right Lung + Hemorrhage ANTECEDENT CAUSES Multiple Fractured Ribs (4) DUE TO (b) Multiple Fractured Ribs (4) DUE TO (c) Fractured Pelvis (Pubis) 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT OR HOMICIDE Auto Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) Highway 1554 Louisiana Pike	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-20-55 about 4:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Callusion			
22. I hereby certify that I attended the deceased from 5-20-55 , to same day , that I last saw the deceased alive on 5/20/55 , and that death occurred at 8:35 PM from the causes and on the date stated above.			
23a. SIGNATURE Robert L. Medra		23b. ADDRESS M.D. Louisiana, Mo.	
23c. DATE SIGNED 5/21/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/22/1955	
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Louisiana, Mo.	
DATE REC'D BY LOCAL REG. 5/22		REGISTRAR'S SIGNATURE Service Callus	
FUNERAL DIRECTOR'S SIGNATURE George O. Hagner		ADDRESS Louisiana, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1957

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 George O. Wagner

Licensed Embalmer No. 37

P. O. Address Levenside

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.