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FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21517**

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 69^b

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give locality) <u>Rural Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wornall Road</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MADISON</u>	b. (Middle) <u>M</u>	c. (Last) <u>GRIFFEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 10, 1867</u>	9. AGE (in years last birthday) <u>88</u>	10. USUAL OCCUPATION (Give kind of work being most of working life, even if retired) <u>Retired farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a.		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11.		12.		

13a. FATHER'S NAME <u>Thomas Griffey</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Crowley</u>	14. NAME OF HUSBAND OR WIFE <u>Lettie C. Griffey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lettie Griffey</u> ADDRESS <u>Wornall Rd Excelsior Springs Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>331X</u>		
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 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)	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 Feb 19⁵⁰, to July 15, 1955, that I last saw the deceased alive on July 14, 1955, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George E. Sanborn M.D.</u> (Degree or title)	23b. ADDRESS <u>Excelsior Springs Mo.</u>	23c. DATE SIGNED <u>7-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old New Garden</u>
DATE REC'D BY LOCAL REG. <u>7/20/55</u>	REGISTRAR'S SIGNATURE <u>Caroline Ditchings</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Excelsior Springs Mo.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Prichard</u> ADDRESS <u>Excelsior Springs Mo.</u>		

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 *Lucretia Jarman*.....

Licensed Embalmer No. *458*
Excelsior Springs,
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.