

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22154

| | | | | | | | |
|---|------------------------|--|-------------------------------|---|---------------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 2830 | |
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ARKANSAS b. COUNTY FULTON | | | |
| b. CITY OR TOWN KANSAS CITY | | c. LENGTH OF STAY (in this place) 2 Mo. | | c. CITY OR TOWN Mammoth Springs | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7928 AGNES AVE | | | | STREET ADDRESS (If rural, give location) \$036 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | | b. (Middle) WARLAND | | c. (Last) GRIFFIN | | 4. DATE OF DEATH (Month) (Day) (Year) July 3 1955 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED | 8. DATE OF BIRTH DEC. 3, 1877 | | 9. AGE (In years last birthday) 78 77 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Big Rock, Tennessee | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME NEAL S. GRIFFIN | | 13b. MOTHER'S MAIDEN NAME MARY C. ROOPER | | 14. NAME OF HUSBAND OR WIFE LUDIA GRIFFIN | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Milton Davis 7928 Agnes Ave. 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES DUE TO (b) Cerebral Thrombosis DUE TO (c) Hypertension & Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X | | | |
| 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 6-10, 1955, to 7-3-55, that I last saw the deceased alive on 7-2-55 and that death occurred at 5:55 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE H. R. Lyndon Jr. (Degree or title) | | | | 23b. ADDRESS 1027 E 75th, Hom. | | 23c. DATE SIGNED 7-2-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE July 4, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town or county) (State) Mammoth Springs, Ark. | |
| DATE REC'D BY LOCAL REG. 7-4-55 | | REGISTRAR'S SIGNATURE Vera Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer 1331 Brush Creek K.C. Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Jess T. Deew*

Licensed Embalmer No. *443*

P. O. Address *Kansas*

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.