

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36149**

FILED NOV 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>299</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Fulton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home 300 W 6th St</u>				e. STREET ADDRESS (If rural, give location) <u>300 West 6th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rolla</u>			b. (Middle) <u>Fenley</u>		c. (Last) <u>Griffith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-19-1955</u>
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>May 27 1897</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Hatchery and frozen food locker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Concord, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Alfred Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Eliza Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ruth Pooley Griffith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-07-0401</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. F. Griffith</u> ADDRESS <u>Fulton, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Bronchial Asthma</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>4:30</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles A. Stewart</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>Nov 21/55</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-20-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Holtz Summit Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov 21 1955</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace General Home</u> ADDRESS <u>Fulton. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 11 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 Arthur R. Masure, Student Embalmer No. 51 working under my personal supervision..

Student Arthur R. Masure
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 272

P. O. Address Fulton,

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.