

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

408

State File No.

FILED FEB 8 1956
BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY OR TOWN Poplar Bluff	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 2101 N. 14th St.		e. STREET ADDRESS (If rural, give location) 2101 N. 14th St.	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Henry c. (Last) Griffith		4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 17, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, area if retired) Mo. Utilities Power Co.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (Last birthday) 80 IF UNDER 1 YEAR: Months 3 Days 10 IF UNDER 4 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Calloway County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Griffith		13b. MOTHER'S MAIDEN NAME Kate Gordenier	
14. NAME OF HUSBAND OR WIFE Vesta E. Walker Griffith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-03-1489	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Popejoy Poplar Bluff, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) Hypertension Cardi Vasculer DUE TO (c) 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 4301	
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) (Min.)		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 1-20th, 1956 , to 1-27 , 1956, that I last saw the deceased alive on 1-27 , 1956, and that death occurred at 9:00A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. H. ...		23b. ADDRESS Poplar Bluff, Mo.	
23c. DATE SIGNED 1-31-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-31-56	
24c. NAME OF CEMETERY OR CREMATORY City Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 2/4/56		REGISTRAR'S SIGNATURE W. H. ...	
25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell		ADDRESS Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 6 - 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

FEB 9 1956

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 Wallace R. Knight

Licensed Embalmer No. 451
412 vinyl
P. O. Address Poplar Bl

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.