

FILED AUG 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27341**

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>354</u>		
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, write RURAL and give town or township) JOPLIN		c. LENGTH OF STAY (in this place) YRS		c. CITY OR TOWN JOPLIN		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 2637 E. 6TH STREET				STREET ADDRESS (If rural, give location) 2637 E. 6TH ST. 04950				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ANDERSON		c. (Last) GRIFFIS		4. DATE OF DEATH (Month) (Day) (Year) AUG. 8, 1956		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY 3, 1873		
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER			10b. KIND OF BUSINESS OR INDUSTRY MINING			11. BIRTHPLACE (City and State or Foreign Country) PINEVILLE, MO.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME JOHN A. GRIFFIS		13b. MOTHER'S MAIDEN NAME MARY CARTER		14. NAME OF HUSBAND OR WIFE GERTRUDE R. GRIFFIS, DEC'D	
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.		17. INFORMANT'S SIGNATURE OR NAME MISS LUCY GRIFFIS, 2637 E. 6TH ST.			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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Vascular Sclerosis years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary occlusion 1954					INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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) 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 <u>1-12-49</u> 19 <u>19</u> to <u>8-8-56</u> , 19 <u>19</u> , that I last saw the deceased alive on <u>8-8-56</u> , 19 <u>19</u> , and that death occurred at <u>3:25 pm</u> from the causes and on the date stated above.								
23a. SIGNATURE <i>[Signature]</i> E. O. Martin D. O.				23b. ADDRESS 709 Joplin St. Joplin Mo		23c. DATE SIGNED 8-10-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-11-56		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		
DATE REC'D BY LOCAL REG. 8-16-56		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

526

Superior County Health Office
County File Number 56-8-666
Date Filed AUG 20 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 *Steve Parker*.....

Licensed Embalmer No. 2548

P. O. Address *Johnston*

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.