

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1284

STATE FILE NUMBER

FILED JAN 22 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 43

Health, Welfare, Public Service  
000  
0-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this form.  
M. B. Caspary M. D.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>		Length of stay in <b>30 Years</b>	d. STREET ADDRESS <b>3323 Park</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Thomas</b> Last <b>Griffin</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>3</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 29 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Locksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Katz Drug Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Missouri</b>
13. FATHER'S NAME <b>John Henry Griffin</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Melroy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-12-3890A</b>	17. INFORMANT <b>Donald Kappler 3901 Bellfontaine Kan C</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic myocarditis</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>thrombosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b> <b>6 yrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>7:00</b> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Nov 1, 1956</b> to <b>Jan 3, 1957</b> and first saw her alive on <b>1-3-57</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M. P. Carholt M.D.</b>		22b. ADDRESS <b>4000 Baltimore X.E. Mo</b>	22c. DATE SIGNED <b>1-3-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan 7-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Mellody McGilley Eylar Kan, City</b>		25. DATE RECD. BY LOCAL REG. <b>Mo. 1-5-57</b>	25. REGISTRAR'S SIGNATURE <b>Reva Minshel</b>

(Licensed Embalmer's Statement on Reverse Side)

Dr M.B. Casbolt  
4000 Beltramo  
VA -1-5115  
2:30 pm to 7 PM

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 \_\_\_\_\_  
*J. Bryer*

Licensed Embalmer No. 29

P. O. Address KC

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