THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1957

STATE FILE NUMBER 2310

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LOUISIANA — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PIKE CO. HOSP — Length of stay in 1b: 1 WEEK

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PIKE
c. CITY OR TOWN: CLARKSVILLE, Mo. — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location): R.F.D. ONE — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First RUSSELL Middle RAY Last GRIFFITH

4. DATE OF DEATH: Month JAN Day 7 Year 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: JUNE 17, 1881

9. AGE (In years last birthday): 75 — 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): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (City and state or country): PIKE Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM WARREN GRIFFITH

14. MOTHER'S MAIDEN NAME: ELLA WAMSLEY

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.: 491-14-3373

17. INFORMANT: PAUL GRIFFITH — Address: LOUISIANA, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Asteriosclerosis — Unk.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Dec 8, '55 to Jan 7, 57 and last saw her/him alive on 1/7/57
Death occurred at 5:30 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. C. Beckman (Degree or title) M.D.

22b. ADDRESS: Clarksville

22c. DATE SIGNED: 1/9/1957

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JAN 9, 1957

23c. NAME OF CEMETERY OR CREMATORY: GREENWOOD CEM

23d. LOCATION (City, town, or county) (State): CLARKSVILLE, Mo.

24. FUNERAL DIRECTOR: Geo. M. Collier — ADDRESS: Louisiana, Mo.

25. DATE RECD. BY LOCAL REG.: Jan. 9, 1957

26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be usable. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 28

P. O. Address Louisio

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.