Health, & Welfare Public Service

S. 300 1
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1957

STATE FILE NUMBER 35837

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4727

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3966 Warwick — Length of stay in 1b: 15 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3966 Warwick — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: RALPH Middle: E. Last: GRIFFITH

4. DATE OF DEATH Month: Oct. Day: 11 Year: 1957

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: April 17, 1889

9. AGE (In years last birthday): 68 — 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 Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (City and state or country): Princeton, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: William Griffith
13b. MOTHER'S MAIDEN NAME: Ann Higgins
14. NAME OF HUSBAND OR WIFE: Mammie 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.: 498-24-7603
17. INFORMANT: Mrs. Mammie Griffith Address: 3966 Warwick K. C., 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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial Asthma - Chr. Pulmonary Emphysema
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 3-17-52, to 10-11-57 and last saw him alive on 10-8-57
Death occurred at 10:45 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ira C. Layton M.D.
22b. ADDRESS: Argyle Bldg - K.C. Mo.
22c. DATE SIGNED: 10-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct. 12, 1957
23c. NAME OF CEMETERY OR CREMATORY: Princeton Cemetery
23d. LOCATION (City, town, or County) (State): Princeton Missouri

24. FUNERAL DIRECTOR ADDRESS: Geo. C. Carson & Sons Indep., Mo.
25. DATE RECD. BY LOCAL REG.: 10-13-57
26. REGISTRAR'S SIGNATURE: Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Ira C. Layton

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 C. Ray Lauderbach

Licensed Embalmer No. 5027

P. O. Address Indep., Mo.

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.