

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1680

State File No.

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	
c. LENGTH OF STAY (in this place) <u>4 yr</u>		d. STREET ADDRESS (If rural, give location) <u>1406 James St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1406 James</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>David</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-4-1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>2-12-1949</u>		9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>23</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (State or foreign country) <u>McLure-Brooks Jasper Co.</u>	
				12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Donald Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Burdison</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald Griffith</u> ADDRESS <u>1406 James Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>Since birth</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus, Congenital</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____				
		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		20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input 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) <u>752X</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 2-12, 1949, to Feb. 4, 1958, that I last saw the deceased alive on Dec. 16, 1957, and that death occurred at 11:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leslie H. Pinner M.D.</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>121 West 4th Carthage, Mo.</u>		23c. DATE SIGNED <u>2-4-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greys Point</u>	
				24d. LOCATION (City, town, or county) (State) <u>N.W. of Miller Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2-5-58</u>		REGISTRAR'S SIGNATURE <u>Leslie H. Pinner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Gleason</u> ADDRESS <u>Miller Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

39

County File Number 58-2-150

Date Filed FEB 12 1959

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
Student Embalmer

Signed E. P. Seimon

Licensed Embalmer No. 3299

P. O. Address Miller 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 this body is not embalmed, fact should be so stated above.