

THE DIVISION OF HEALTH AND HOSPITALS
STANDARD CERTIFICATE OF DEATH

58-022842
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 278 Primary Registration District No. 3057 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bowling Green</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u> Length of stay in lb		STREET ADDRESS (If outside, give location) <u>0820</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Marion H Griffith</u>			4. DATE OF DEATH Month Day Year <u>June 9 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 30 1895</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>62</u> Months <u>8</u> Days <u>9</u> Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Bowling Green Mo. U. S. A.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>John H Griffith</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Hendricks</u>
14. NAME OF HUSBAND OR WIFE <u>Dont Know</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT <u>Miss Ida Griffith Bowling Green Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized carcinomatosis</u> DUE TO (b) <u>Metastatic carcinoma of liver and lungs</u> DUE TO (c) <u>Carcinoma of Prostate</u> <u>177X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>---</u>	
19. INTERVAL BETWEEN ONSET AND DEATH		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-----</u>	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>10/4/54</u> to <u>6/8/58</u> and last saw him alive on <u>6/8/58</u> Death occurred on <u>17:08</u> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>	
22b. ADDRESS <u>Louisiana, Missouri</u>		22c. DATE SIGNED <u>6/9/58</u>	
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>June 10 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Mo</u>	23d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>
24. FUNERAL DIRECTOR <u>Grace Bankhead Bowling Green Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-13-58</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

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

MEDICAL CERTIFICATION

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 *Harold C. Kink*

Licensed Embalmer No. *45-97*

P. O. Address *Bowling Green*

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.