

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024521  
STATE FILE NUMBER

5736-58  
FILED AUG 12 1958  
Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LAMAR</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>MINDEN MINES</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARTON COUNTY MEMORIAL HOSPITAL</b>		Length of stay in 1b <b>1 Day</b>	d. STREET ADDRESS <b>006</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 Middle Last <b>GERRY GLENN GRIFFITT</b>			4. DATE OF DEATH Month Day Year <b>JULY 30. 1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 22, 1958</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Day Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>LAMAR, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM GRIFFITT</b>	13b. MOTHER'S MAIDEN NAME <b>MARIA DEMAUX</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>WILLIAM GRIFFITT</b>	Address <b>MINDEN, Mo.</b>
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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>Acute Intestinal Toxicosis with diarrhea + vomiting.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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 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
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21. I attended the deceased from <b>2-22-58</b> to <b>7-30-58</b> and last saw her alive on <b>7-30-58</b> Death occurred at <b>12:45 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Herbert H. Small, MD</b> (Degree or title)	22b. ADDRESS <b>Lamar, Missouri</b>	22c. DATE SIGNED <b>8-5-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-2-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GROCKER CITY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CHEROKEE CITY, KANS.</b>
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24. FUNERAL DIRECTOR <b>John C. Truskel</b>	ADDRESS <b>2306 N. Main, Frontenac, Kansas</b>	DATE RECD. BY LOCAL REG. <b>AUG 7 - '58</b>	26. REGISTRAR'S SIGNATURE <b>Marie Konantz</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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Registrar's Statement on Reverse Side

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 *John C Frisbel* .....

Licensed Embalmer No. *1775* .....

P. O. Address *FRONTENAC, KANSAS* .....

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.