

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033423

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 13

300
1-56

1
167
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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Brookfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>509 N. Livingston</u> | | | Length of stay in 1b <u>5 1/2 years</u> | | | d. STREET ADDRESS (If outside, give location) <u>509 N. Livingston</u> | |
| 3. NAME OF DECEASED (Type or print) <u>David Griffiths</u> | | | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>5</u> Year <u>1958</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>May 23, 1887</u> | |
| 9. AGE (In years last birthday) <u>71</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>13</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>Conductor on C. & N. P. Passenger train</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bevier, Missouri</u> | | | |
| 11. BIRTHPLACE (City and state or country) <u>U. S. A.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13. FATHER'S NAME <u>Eduwin Griffiths</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Mary Ann Evans</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>707-07-6330</u> | | 17. INFORMANT <u>Ms. Ruth Griffiths, Brookfield, Mo.</u> Address | | | |
| 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>acute exacerbation of chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Anemia and anemia</u> <u>2 mos</u> DUE TO (c) <u>Carcinoma of Prostate Gland</u> <u>6 1/2 yrs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>177X</u> | | | | | | | |
| 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.) | |
| 20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | |
| 21. I attended the deceased from <u>Jan 10 1949</u> to <u>10-5-58</u> and last saw <u>him</u> alive on <u>10-5-58</u> Death occurred at <u>11:15 p. m.</u> on the date stated above and to the best of my knowledge, from the cause stated. | | | | | | | |
| 22a. SIGNATURE <u>Clarence D. 2</u> (Degree or title) | | | | 22b. ADDRESS <u>Brookfield MO</u> | | 22c. DATE SIGNED <u>10/6/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Oct 8, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>10-8-58</u> | | 26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep</u> | |

OCT 16 1958

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 *Gerald F. Wade*

Licensed Embalmer No. *417*

P. O. Address *Brown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.