

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

=60-016869

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4639** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Length of stay in 1b 2 DAYS	c. CITY OR TOWN GRANITE CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2652 IOWA

3. NAME OF DECEASED (Type or print) First EVAN Middle J. Last GRIFFITHS	4. DATE OF DEATH Month APRIL Day 30 Year 1960
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/9/94	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STEELWORKER	10b. KIND OF BUSINESS OR INDUSTRY GRANITE CITY STEEL CO.	11. BIRTHPLACE (City and state or country) WALES, ENGLAND	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME DANIEL GRIFFITHS	13b. MOTHER'S MAIDEN NAME MARGARET UNK	14. NAME OF HUSBAND OR WIFE HULDA GRIFFITHS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. 333-03-4894	17. INFORMANT 2652 IOWA HULDA GRIFFITHS GRANITE CITY, ILL.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) VENTRICULAR TACHYCARDIA		15 MIN.
DUE TO (b) CEREBROVASCULAR ACCIDENT		2 DAYS
DUE TO (c) RHEUMATIC HEART DISEASE		416x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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
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21. **VA** attended the deceased from **4/28/60** to **4/30/60** and last saw him alive on **4/30/60**
Death occurred at **1:25 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip Greiver (Degree or title) M.D.	22b. ADDRESS VAH, ST LOUIS MO.	22c. DATE SIGNED MAY 2 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-30-1960	23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL CEMETERY	23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS
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24. FUNERAL DIRECTOR Frank Mercee	25. DATE RECD. BY LOCAL REG. MAY 2 1960	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mercer

Licensed Embalmer No. 2988

P. O. Address Grande C.

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