URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031624

STATE FILE NUMBER

ED TO SEP 12 1960

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 67

NDED

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carroll — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Miles South of Platte City, Mo. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Atchison
c. CITY OR TOWN Atchison — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1321 Commerical — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle Mathew Last Griffith

4. DATE OF DEATH Month Sept. Day 6 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 7-11-28

9. AGE (last birthday) 32 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inhalation Therpist

10b. KIND OF BUSINESS OR INDUSTRY Menorah Hosp.

11. BIRTHPLACE (City and state or country) Rushville, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James A. Griffith

13b. MOTHER'S MAIDEN NAME Myrtle Martin

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) YES (If yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO. 514-24-0217

17. INFORMANT Betty Gary Address Atchison, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) SKULL FRACTURE + — INTERVAL BETWEEN ONSET AND DEATH INST.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) BROKEN NECK

DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) AUTO ACCIDENT

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY

20f. CITY, TOWN, OR LOCATION CARROLL TWP. COUNTY PLATTE STATE Mo.

21. I attended the deceased from ——, to —— and last saw her/him alive on ——

Death occurred at APPROX. 6:45 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Roland M. Giffee, Coroner

22b. ADDRESS Platte City, Mo.

22c. DATE SIGNED 9-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 9-7-1960

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State) Atchison, Kansas

24. FUNERAL DIRECTOR Rollins & Mitchell ADDRESS Platte City, Mo.

25. DATE RECD. BY LOCAL REG. Sept 7, 1960

26. REGISTRAR'S SIGNATURE Ophia Rollins.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 2 9 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Tommy R. Rollin

Signature of Student Embalmer

Licensed Embalmer No. 511

P. O. Address Shaft City

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