

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001399

FILED VS JAN 3 6 1961

Registration District No. 149 Primary Registration District No. C.002 Registrar's No. 149 STATE FILE NUMBER

AMENDED DATE AMENDED BY ITEM NO. SHOULD READ BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 38 years c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital Inside Limits Yes [X] No [] 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson c. CITY OR TOWN Kansas City Inside Limits Yes [X] No [] d. STREET ADDRESS (If outside, give location) 6124 So. Benton Residence on Farm Yes [] No [X]

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year CLYDE GRIFFITH 1 10 1961 5. SEX Male 6. COLOR OR RACE White 7. Married [X] Never Married [] Widowed [] Divorced [] 8. DATE OF BIRTH 3 8 96 9. AGE (last birthday) 64 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) Ret. addressographer 10b. KIND OF BUSINESS OR INDUSTRY K.C. Life Ins 11. BIRTHPLACE (City and state or country) Marceline, Mo 12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME Abram Griffith 13b. MOTHER'S MAIDEN NAME Lydia Thompson 14. NAME OF HUSBAND OR WIFE Dimple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes [X] W W I 16. SOCIAL SECURITY NO. 17. INFORMANT Address K.C. Mo Mrs. Dimple Griffith 6124 So. Benton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma, primary site unknown DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 [X] 20a. ACCIDENT SUICIDE HOMICIDE [] [] [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 9, 1953 to Jan. 10, 1961 and last saw him alive on Jan. 10, 1961 Death occurred at 10:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. A. Slentz, M.D. 22b. ADDRESS 4620 Nichols Parkway Kansas City, Mo 22c. DATE SIGNED 1-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-12-61 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Richmond Missouri

24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels, Inc K.C. MO 25. DATE RECD. BY LOCAL REG. 1-11-61 26. REGISTRAR'S SIGNATURE Ruth Long

Dr. J. M. ...

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 R. Sidmo*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*

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.