MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014850
STATE FILE NUMBER

AMENDED

Registration District No. 314 Primary Registration District No. — Registrar's No. 154

FILED APR 26 1961

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Desloge — Length of stay in 1b: 65 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 404 S Grant — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Desloge — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 404 S Grant — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mark Middle: Kenrick Last: Griffard
4. DATE OF DEATH: Month: April Day: 15 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Aug. 20-1889
9. AGE (last birthday): 71
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): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (City and state or country): Ste. Genevieve Co. Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James B. Griffard
13b. MOTHER'S MAIDEN NAME: Mary Thomure
14. NAME OF HUSBAND OR WIFE: Mary Elva Griffard Dec
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Brannan Griffard, Desloge, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐
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 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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959 to April 15 '61 and last saw her/him alive on April 15, 61
Death occurred at 9:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. L. Foster (Degree or title) MD
22b. ADDRESS: Desloge Mo
22c. DATE SIGNED: 4-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/18/1961
23c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception
23d. LOCATION (City, town, or county) (State): St. Francois, Missouri

24. FUNERAL DIRECTOR ADDRESS: C.Z. Boyer & Son, Inc. Desloge, Mo
25. DATE RECD. BY LOCAL REG.: Apr. 17, 1961
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 26 1961

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Veazie, Me

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.