

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017991

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5586 Registrar's No. 112

AMENDED

FILED JUN 6 1961

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARION TOWNSHIP</u>	Length of stay in 1b <u>4 YRS.</u>	c. CITY OR TOWN <u>CARTHAGE, MISSOURI</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROUTE # 4 -CARTHAGE, MO</u>		d. STREET ADDRESS <u>RURAL ROUTE # 4</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JEAN</u> Middle <u>WILLARD</u> Last <u>GRIFFITH</u>	4. DATE OF DEATH Month <u>MAY</u> Day <u>31</u> Year <u>1961</u>
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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>4-19-17</u>	9. AGE (last birthday) <u>44</u>	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) <u>CAR DEALER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>USED CARS</u>	11. BIRTHPLACE (City and state or country) <u>VERONA, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>THEODORE M. GRIFFITH</u>	13b. MOTHER'S MAIDEN NAME <u>REBECCA EVANS</u>	14. NAME OF HUSBAND OR WIFE <u>EULETA GRIFFITH</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>MRS. JEAN GRIFFITH-CARTHAGE RT. 4</u>
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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 <u>13 YRS.</u>
IMMEDIATE CAUSE (a) <u>TRAUMATIC HEAD INJURY</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>RESIDUALS</u>	
	DUE TO (c) <u>ARACHNOIDITIS</u>	

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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>6:15</u> Hour <u>8-2-48</u> Month, Day, Year p.m.	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.) <u>HIGHWAY ACCIDENT NEAR FAYETTVILLE, ARKANSAS</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>SEPT. 17, 1948</u> to <u>MAY 31, 1961</u> and last saw him alive on <u>MAY 26, 1961</u> Death occurred at <u>9:45 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>	22b. ADDRESS <u>1515 HAZEL, CARTHAGE, MO.</u>	22c. DATE SIGNED <u>5-31-61</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-3-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CARTHAGE, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>THE ULMER FUNERAL HOME-CARTHAGE</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-2-61</u>	26. REGISTRAR'S SIGNATURE <u>Elm Clinton</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

JUN 7 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

Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address Cathage, Md

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.