

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025606

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 374

STATE FILE NUMBER

AMENDED

**FILED AUG 1 1961**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Length of stay in 1b	c. CITY OR TOWN <b>Independence</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rest Haven</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1500 West Truman</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Bernice May Griffith</b>		4. DATE OF DEATH Month Day Year <b>July 20 1961</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-1-1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Music teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Music Teacher</b>	9. AGE (last birthday) <b>88</b>
11. BIRTHPLACE (City and state or country) <b>Grand Rapids Michigan</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Orwin W Griffith</b>		13b. MOTHER'S MAIDEN NAME <b>Labin</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Agnes De Tray 1500 West Truman (Sister)</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atherosclerotic Cardiovascular Disease.</b> <b>Due to (or) Nucleus Hernia</b> <b>Due to (or) Chronic Cholelithiasis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Years</b> <b>Years</b>
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.)			
20c. TIME OF INJURY Hour a.m. 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>7-14-61</b> to <b>7-20-61</b> and last saw her <b>alive</b> on <b>7/20/61</b> Death occurred at <b>9:55 AM (9:55)</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Chas F. Grunrooke MD</b>		22b. ADDRESS <b>Independence Mo</b>	
22c. DATE SIGNED <b>7/20/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 22 1961</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Independence Missouri</b>	
24. FUNERAL DIRECTOR <b>Roland R Speaks Funeral Home, Independence</b>		25. DATE RECD. BY LOCAL REG. <b>7-22-61</b>	
26. REGISTRAR'S SIGNATURE <b>G. J. ...</b>			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Ludyp. Mo.

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.