

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030034

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 156

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 11 1961

1. PLACE OF DEATH
 a. COUNTY Livingston
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe Length of stay in 1b 3 years
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 310 Locust Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Livingston
 c. CITY OR TOWN Chillicothe Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 310 Locust Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last DAVID GEORGE GRIFFITHS
 4. DATE OF DEATH Month Day Year September 5, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-9-75 9. AGE (last birthday) 85 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Abbdair, Wales 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Daniel Griffiths 13b. MOTHER'S MAIDEN NAME Margaret George 14. NAME OF HUSBAND OR WIFE Emma Jones Griffiths

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address 310 Locust-Mo. Mrs. David Griffiths; Chillicothe,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 8 days
 DUE TO (b) arteriosclerosis 5 yrs
 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 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 Jan. 15 1957 to Sept. 5, 1961 and last saw him alive on Sept. 3, 1961
 Death occurred at Nine fifteen P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. W. Carpenter M.D. 22b. ADDRESS Chillicothe Mo 22c. DATE SIGNED Sept 6 1961

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 9-8-61 23c. NAME OF CEMETERY OR CREMATORY Welsh 23d. LOCATION (City, town, or county) (State) Dawn, Missouri

24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home Chillicothe, Missouri 25. DATE RECD. BY LOCAL REG. Sept 6, 1961 26. REGISTRAR'S SIGNATURE Armalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

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 Eaton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Misso

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.