

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043149

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3108 STATE FILE NUMBER

AMENDED

**FILED DEC 1 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis</b>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (if outside, give location) <b>4515 Lindell Blvd.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last <b>Clifford Ortiz Griffith</b>	Month Day Year <b>November 3 1961</b>

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-16-1899</b>	9. AGE (last birthday) <b>62</b>	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) <b>Attorney</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Order of Railroad Telegraphers</b>	11. BIRTHPLACE (City and state or country) <b>Cleves, Iowa</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>William E. Griffith</b>	13b. MOTHER'S MAIDEN NAME <b>Eva May Gardner</b>	14. NAME OF HUSBAND OR WIFE <b>Beatrice Summitt Griffith</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Beatrice S. Griffith, 4515 Lindell Blvd.</b>
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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
IMMEDIATE CAUSE (a) <b>Neurosarcoma of larynx</b>	<b>4 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <b>metastasis to bone, brain, spine</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. <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 Hour a.m. p.m. Month, Day, Year
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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
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21. I attended the deceased from 8-2-54 to 11-3-61 and last saw her/him alive on 11-2-61.  
Death occurred at 1:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>James P. [Signature]</i>	22b. ADDRESS <b>634 N. Grand Blvd.</b>	22c. DATE SIGNED <b>11-3-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL (AUTO)</b>	23b. DATE <b>11-5-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Steamboat Rock Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Steamboat Rock, Iowa</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Alexander &amp; Sons, 6175 Delmar Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>11-4-61</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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STATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Dr. James Murphy  
Mo. Theater Bldg.

JE 1-1750

**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

*James E. McCulloch*

Licensed Embalmer No. 2460

P. O. Address 6175 Dalmia

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.