

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016321
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 4414 Registrar's No. 61

FILED MAY 3 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Pike | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ashburn | | Length of stay in 1b 30 Yrs. | c. CITY OR TOWN Ashburn |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Gen. Del. |
| 3. NAME OF DECEASED (Type or print) First George Middle William Last Griffith | | 4. DATE OF DEATH Month April Day 24 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/18/1902 |
| 9. AGE (last birthday) 60 | 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) Truck & Bus Driving | | 10b. KIND OF BUSINESS OR INDUSTRY Public Schools Hauling Live Stock | 11. BIRTHPLACE (City and state or country) Pike County Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Oris Griffith | |
| 13b. MOTHER'S MAIDEN NAME Mary Griffith | | 14. NAME OF HUSBAND OR WIFE Nettie H Griffith | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Nettie H Griffith, Ashburn, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung | | | INTERVAL BETWEEN ONSET AND DEATH one year |
| 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. <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. | Month, Day, Year _____ | | |
| 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 <u>1960</u> to <u>4-24-62</u> and last saw ^{them} him alive on <u>7-24-62</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W. J. Martin, M.D. | | 22b. ADDRESS Louisiana, Mo. | 22c. DATE SIGNED 4/26/1962 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/26/1962 | 23c. NAME OF CEMETERY OR CREMATORY FairView Cemetery | 23d. LOCATION (City, town, or county) (State) Rte #2 Louisiana, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Sterne Funeral Home, Louisiana, Mo. | | 25. DATE RECD. BY LOCAL REG. April 26, 1962 26. REGISTRAR'S SIGNATURE Bernice Collier | |

USE BLACK INK OR TYPEWRITER RIBBON

