

FILED AUG 19 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER

124
5511
5511
68 0032566

Registration District No. 137

Primary Registration District No.

Registrar's No. 192

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

9. 1
10a. 95
10b.
11. 0
12. 2
13. 4409
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST 1. Halcyon Griffith			SEX 2. female	DATE OF DEATH (MONTH, DAY, YEAR) 3. Aug 14, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white		AGE—(LAST BIRTHDAY) 5a. 95	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Mar 17, 1873
CITY, TOWN, OR LOCATION OF DEATH 7b. Clinton			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. no	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. RR # 4 Clinton, Mo	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 12b. Housewife		KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Henry	CITY, TOWN, OR LOCATION 14c. Clinton		STREET AND NUMBER (INSIDE CITY LIMITS (SPECIFY YES OR NO)) 14d. no 14e. Rural Route # 4
FATHER—NAME FIRST MIDDLE LAST 15. Thomas H Smith			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Mary Rebecca Weeden		
INFORMANT—NAME 17a. Mrs. Beulah Seaton			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Rural Route # 4 Clinton, Mo		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) GENERALIZED ARTERIOSCLEROSIS DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)				[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 21a.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 21b.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 21c.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 6 7 68		MONTH DAY YEAR TO MONTH DAY YEAR 21b. 8 14 68		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. 6 7 68	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. DID NOT
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THIS DATE AND DUE TO THE CAUSE(S) STATED. 22a. DIS NOT VIEW BODY		HOUR OF DEATH 22b. 9:30		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 22c. 8-15-68	
CERTIFIER—NAME (TYPE OR PRINT) 23a. M. D. JEFFERSON		DEGREE OR TITLE 23b. M.D.		DATE SIGNED (MONTH, DAY, YEAR) 23c. 8-15-68	
MAILING ADDRESS—CERTIFIER 23d. CLINTON, MO 64735		STREET OR R.F.D. NO. 23e. CLINTON, MO 64735		CITY OR TOWN 23f. CLINTON MISSOURI	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Englewood		LOCATION CITY OR TOWN STATE 24c. Clinton Missouri	
DATE 24d. Aug 17, 1968		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Sickman-Dunning F H Clinton, Mo			
FUNERAL DIRECTOR—SIGNATURE 25a. John Sickman		REGISTRAR—SIGNATURE 25b. Mildred Bigum		DATE RECEIVED BY LOCAL REGISTRAR 25c. 8-16-68	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton, 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.

Permit obtained 8-16-68 1968