

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015371

STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 35

S. 300
1-57

0891

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		c. CITY OR TOWN Richmond	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Drive		d. STREET ADDRESS (If outside, give location) Sunset Drive	
3. NAME OF DECEASED (Type or print) First PAUL Middle JOSEPH Last GRIFFIN, SR.		4. DATE OF DEATH Month April Day 13 Year 1958	
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 Nov. 8, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile dealer		10b. KIND OF BUSINESS OR INDUSTRY Motor car industry	11. BIRTHPLACE (City and state or country) Trenton, Mo.
13a. FATHER'S NAME James C. Griffin		13b. MOTHER'S MAIDEN NAME Margaret Doolan	14. NAME OF HUSBAND OR WIFE Hazel D. Forsythe Griffin
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. 486-05-2159	17. INFORMANT Address Hazel D. Griffin, Richmond, Mo.
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery occlusion 4200			INTERVAL BETWEEN ONSET AND DEATH 2-3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			} unknown
DUE TO (c) Generalized arteriosclerosis - hypertension			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic congestive heart failure			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II if different from 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 Sept. 17, 1952 to April 13, 1958 and last saw her/him alive on April 12, 1958 . Death occurred at 8:10 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) M. Johnson M.D.		22b. ADDRESS Richmond, Mo.	
22c. DATE SIGNED 4/15/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 13, 1958	
23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		23d. LOCATION (City, town, or county) (State) Trenton, Mo.	
24. FUNERAL DIRECTOR ADDRESS Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. April 15-1958	
26. REGISTRAR'S SIGNATURE Mabel Jackson			

PAUL	JOSEPH	CRIMM	MISSOURI	MISSOURI
White	X	271958	Richmond	Richmond
Male		April 13, 1928	Sunset Drive	Sunset Drive
Automobile dealer		Nov. 8, 1923	4 years	4 years
James C. Griffin		U.S.A.	Hazel D. Foreythe Griffin	Hazel D. Foreythe Griffin
No	180-02-5122	Hazel D. Griffin, Richmond, Mo.	Margaret Doonan	Margaret Doonan

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, ~~XXXX~~, Student Embalmer No. working under my personal supervision.

Student Signed *Wm. L. Thurman*

Signature of Student Embalmer

8:10 a.m. Licensed Embalmer No. 4563

P. O. Address Richmond, 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 must sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Thurman Funeral Home, Richmond, Mo.