

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29959

State File No. \_\_\_\_\_

Registration District No. 877

Primary Registration District No. 43-30

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Vermon

(b) City or town Schell city  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community about 11 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vermon

(c) City or town Schell city  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A? no years.

3. (a) PRINT FULL NAME CHALEY ANDREW GRIFFIN

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 21 day \_\_\_\_\_  
year 1940 hour 10 AM minute \_\_\_\_\_ M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 3 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 21, 1940 to Aug 21, 1940 that I last saw him alive on Aug 20, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

54 10 18 hr. \_\_\_\_\_ min.

Immediate cause of death Fall Dead  
Evidently Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Johnson Co  
(City, town, or county) (State or foreign country) no. 7

Other conditions (Include pregnancy within 3 months of death) 94 lb

10. Usual occupation Day Laborer

MOTHER FATHER

12. Name David Griffin

13. Birthplace Polk Co  
(City, town, or county) (State or foreign country) no. 7

14. Maiden name Mary Blair

15. Birthplace Polk Co  
(City, town, or county) (State or foreign country) no. 7

Major findings: Of operations no

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Miller

(b) Address Schell city, mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Walter Lewis & Son

(b) Address Schell city, mo.

19. (a) Aug 21-40 (b) Pearle Kayser  
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place)

(c) Means of injury no

23. Signature J. P. Carlson (M. D. or other) \_\_\_\_\_

Address Schell City - mo Date signed 8-21-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1310

Date Filed 9-11-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

*Not Embalmed.*

Signed.....

*Marion M. Lewis*

Licensed Embalmer No. 3084

P. O. Address Schellcity, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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