

FILED DEC 27 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 98254  
Registrar's No. 984

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:  
200 BLOCK E. COMMERCIAL ST  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yr. (Specify whether years, months or days)

In this community 30 yr.

3. (a) PRINT FULL NAME THOMAS W. GRIFFIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or Race WHITE

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

6. (b) Name of husband or wife ROXIE GRIFFIN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased. FEB. 14 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>✓</u>	<u>78</u>	<u>9</u>	<u>23</u>	hr. min.

9. Birthplace Mo. ILL. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer R.R. Co

11. Industry or business Frisco R.R. Co.

12. Name Thomas Griffin

13. Birthplace Mo. Ill. /  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hawkins

15. Birthplace Mo. Ill. /  
(City, town, or county) (State or foreign country)

16. (a) Informant E. B. Griffin

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof Dec. 11-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monett Mo

18. (a) Signature of funeral director J. W. Klingner Co.

(b) Address SPRINGFIELD MO.

19. (a) 12-9-43 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE 39

(c) City or town SPRINGFIELD 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 608 W. Central 6  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 7<sup>th</sup>  
year 1943 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from past 2 1/2 - 3 years  
to 11-2-28 1943  
that I last saw him alive on 11-2-28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
of chronic myocardites  
Duration about 2 yrs  
Intermittent

Due to myocardites

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

Other conditions 934  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature W. H. Handley Monett Mo (M. D. or other)  
Address Springfield Mo Date signed 12/7/43

DEC 27 1943

SEP 18 1944

**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.

Signed *Ogle Stone Jr*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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

*J*