

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26881

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3392</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo. 3/58</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>810 Forest</u>				d. STREET ADDRESS (If rural, give location) <u>810 Forest</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> b. (Middle) c. (Last) <u>GRIFFIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/7/50</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/14/1877</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Murphysborough, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry Nelson Griffin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Shannon</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Griffin</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-12-5384</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Griffin, 810 Forest</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis Heart Disease</u>								
*This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES								
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
DUE TO (b) _____								
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>History Heart Trouble</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Hugh H Owens</u> (Type or Print) <u>Hugh H Owens, Coroner</u>				23b. ADDRESS <u>1034 Piato Blvd</u>		23c. DATE SIGNED <u>8/8/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lexington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-8-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Sheil, K. C. Mo.</u>			

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

Dr. Owens, Rialto Bldg.,  
any time after 11 A M today

**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 .....  
Student Embalmer

Signed John P. Shiel

Licensed Embalmer No. 3125

P. O. Address R. C. 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 this body is not embalmed, fact should be so stated above.