

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33222

BIRTH NO. <u>396</u>		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>921</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY in this place <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reeds Spring</u> <u>1040</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>H.</u> b. (Middle) <u>O.</u> c. (Last) <u>Griffin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 16, 1887</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u>5</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (State or foreign country) <u>Washington Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William Griffin</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel G. 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Hazel G. Griffin Reeds Spring Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u> 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>201X</u>					INTERVAL BETWEEN ONSET AND DEATH
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)		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 <u>May 1950</u> , to <u>20 Oct 1950</u> , that I last saw the deceased alive on <u>19 Oct 1950</u> , and that death occurred at <u>3:15A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Stanley S. Peterson M.D.</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>20 Oct 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Branson Stone Mo</u>	
DATE REC'D BY-LOCAL REG. <u>10-20-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Haudly wd 111</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Manlove, Crane Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 27 1951

[Handwritten notes and signatures, including "George H. Monroe" and "3827"]

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *George H. Monroe*

Licensed Embalmer No. **3827**

P. O. Address *Crane 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.

George H. Monroe