

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19412

State File No.

FILED JUN 26 1951

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>167</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Columbia</u>		<u>0105</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. 1308 Hinkson</u>				d. STREET ADDRESS (If rural, give location) <u>1308 Hinkson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Wilton</u>		c. (Last) <u>Griffin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>March 27 1877</u>	
9. AGE (In years last birthday) <u>74</u>		Months <u>2</u> Days <u>19</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Christian College</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C C Griffin</u>			13b. MOTHER'S MAIDEN NAME <u>Emma English</u>			14. NAME OF HUSBAND OR WIFE <u>Eva Nichols Griffin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Glenn Ellis 1308 Hinkson</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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____</p>					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</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) _____		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>June 10, 1951</u> , to <u>June 16, 1951</u> , that I last saw the deceased alive on <u>June 16, 1951</u> , and that death occurred at <u>10-15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F.C. Duggitt M.D.</u>				23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>6-18-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 19 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Goshen</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 20 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Otwell Columbia Mo</u>			

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

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222

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-25-51

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.

Signed *Lyman H. Shunkle*

Signed

Student Embalmer

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.