

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27013**

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **285**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaPlata, 0610	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Charles	b. (Middle) Harold	c. (Last) Griffin	(Month) Aug	(Day) 11	(Year) 52
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH March 5, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mortician		10b. KIND OF BUSINESS OR INDUSTRY Mortuary		11. BIRTHPLACE (State or foreign country) Missouri 0	
13a. FATHER'S NAME John M. Griffin			13b. MOTHER'S MAIDEN NAME Margaret Hatfield		14. NAME OF HUSBAND OR WIFE Katherine Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 711-14-1318	17. INFORMANT'S SIGNATURE OR NAME Katherine Griffin	ADDRESS LaPlata, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, head of pancreas	DUPLICATE		9 years?
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary heart disease arterial hypertension		1 year 5 years

19a. DATE OF OPERATION 7-7-52	19b. MAJOR FINDINGS OF OPERATION Carcinoma, head of pancreas 157x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **8-5, 1952** to **8-11, 1952**, that I last saw the deceased alive on **8-11, 1952** and that death occurred at **2:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Bones	(Degree or title) D	23b. ADDRESS Kirkville, Mo.	23c. DATE SIGNED 8-13-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE Aug. 13-52	24c. NAME OF CEMETERY OR CREMATORY La Plata	24d. LOCATION (City, town, or county) (State) La Plata
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DATE REC'D BY LOCAL REG. 8-14-52	REGISTRAR'S SIGNATURE Kate Lambert 1-0	25. FUNERAL DIRECTOR'S SIGNATURE D. S. Christie	ADDRESS La Plata, Mo.
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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 *D. S. Christie*

Licensed Embalmer No. *1109*

P. O. Address *La Plata 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.