No. 200
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27545

FILED JUL 29 1953

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6251 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEAR PIEDMONT
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mill Spring Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: CAPE GIRARDEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU 0164
d. STREET ADDRESS (If rural, give location): 221 SOUTH SPRIG

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) MONROE c. (Last) GRIFFIN

4. DATE OF DEATH (Month) JULY (Day) 15 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 12, 1863
9. AGE (In years last birthday): 90 — If under 1 year: Months 5 Days 3 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): JOHNSON CO. ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM GRIFFIN
13b. MOTHER'S MAIDEN NAME: MARY-ANN TAPP
14. NAME OF HUSBAND OR WIFE: SARAH GRIFFIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Sarah Griffin — **ADDRESS**: Cape Girardeau

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): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: on back

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 194x
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12:15A m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E. Butler (Degree or title) Coroner
23b. ADDRESS: 321 N. Main Piedmont
23c. DATE SIGNED: 7/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/15/53
24c. NAME OF CEMETERY OR CREMATORY: LAMAR Lommier
24d. LOCATION (City, town, or county) (State): Cape Girardeau Mo

DATE REC'D BY LOCAL REG.: July 15, 1953
REGISTRAR'S SIGNATURE: Hazel Ward 460
25. FUNERAL DIRECTOR'S SIGNATURE: Norman W. Shola — **ADDRESS**: Piedmont

(Licensed Embalmer's Statement on Reverse Side)

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

After eating supper this person complained of indigestion and shortness of breath. He became unconscious and died in thirty minutes. They had made camp and fished before supper. His wife and daughter were with him and said that he had suffered from a heart condition for some time.

There was no evidence of foul play and due to the advanced age of the deceased and statements made by his wife and daughter I deemed an inquest unnecessary.

Warren E. Bowles
Coroner Wayne Co.
Piedmont, Mo.

RECEIVED
JUL 27 1953
WAYNE CO. HEALTH CENTER

U.S. No. 753-36

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 L. L. Hanan

Licensed Embalmer No. 2643

P. O. Address Cape Girardeau 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.