

FILED NOV 23 1953

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

DR. FRANCIS 38769
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1031

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> <u>SPRINGFIELD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1711 1/2 BOONVILLE</u> <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITYHOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u>	b. (Middle) <u>R.</u>	c. (Last) <u>GRIFFIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 14 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JULY 1890</u>
9. AGE (In years last birthday) <u>63</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 (PACKER)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ARMOUR & CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MONETT, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>TOM GRIFFIN</u>	13b. MOTHER'S MAIDEN NAME <u>ROXY</u>	14. NAME OF HUSBAND OR WIFE <u>(UNKNOWN)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CLYDE GRIFFIN</u>
(If yes, give war or dates of service)		ADDRESS <u>SPRINGFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound fracture, right tibia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic alcoholism (DT's)</u> DUE TO (c) <u>Cardiac insufficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8/20 25</u>			

19a. DATE OF OPERATION <u>Nov. 10, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cmpd. fracture of tibia, right</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Mo. 133</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>Nov. 10, 1953 6pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pt. walked into moving truck</u>

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Nov. 14, 1953, that I last saw the deceased alive on Nov. 14, 1953, and that death occurred at 7:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>William C. Francis</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Mo. Med. Arts Bldg.; Springfield</u>	23c. DATE SIGNED <u>Nov. 17 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ODD FELLOWS</u>	24d. LOCATION (City, town, or county) (State) <u>MONETT, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>11-20-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. LOHMEYER</u>	ADDRESS <u>SPRINGFIELD, MO.</u>

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

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.....
Signature of Student Embalmer

Signed *James T. Swadlow*.....

Licensed Embalmer No. *481*.....

P. O. Address *Spring*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.