

No. 300
10-48

Lester G. Griffin

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39946

State File No.

FILED NOV 20 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Pike.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lousiana, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Center, Missouri.</u> <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lester</u>	b. (Middle) <u>G.</u>	c. (Last) <u>Griffin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 1, 1953</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 14, 1888</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	11. UNDER 12 MRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm er</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Ralls County, M, ssouri.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David A. Griffin</u>	13b. MOTHER'S MAIDEN NAME <u>Frone Glover</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Griffin.</u>
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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>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James Moyers Huntington, Mo.</u>	ADDRESS <u>Huntington, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>onset.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-1-, 1953, to 11-1-, 1953, that I last saw the deceased alive on 11-1-, 1953, and that death occurred at 7:25 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Anderson M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>216 Georgia St Louisiana, Mo.</u>	23c. DATE SIGNED <u>11-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Norton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ralls Co, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Nov 4, 1953</u>	REGISTRAR'S SIGNATURE <u>Berniece Collier</u> <u>374</u>	EMERALGEMAL DIRECTOR'S SIGNATURE <u>Robert W. Wilkey</u>	ADDRESS <u>Center, Mo.</u>
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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
Student Embalmer

Signed _____

Licensed Embalmer No. 3820

P. O. Address _____

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.