

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 7 1954

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5773 Registrar's No. 1

0650
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Mercer</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton Morgan</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercer Co. Rest Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Griffin</u> c. (Last) <u>Griffin</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20-1953</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>Nov. 29, 1871</u> | | 9. AGE (In years last birthday) <u>82</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> | |
| 13a. FATHER'S NAME <u>John Griffin</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Griffin</u> | | 14. NAME OF HUSBAND OR WIFE |
| 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>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>One Harrow Princeton, Mo.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | |
| 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 Dec 1, 1953, to Dec 20, 1953, that I last saw the deceased alive on Dec 19, 1953, and that death occurred at 1 A m., from the causes and on the date stated above.

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|--|--|------------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE <u>J. M. Carrey, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Princeton, Mo.</u> | | 23c. DATE SIGNED <u>Dec 20 1953</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-22-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Ceme.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>1-4-54</u> | | REGISTRAR'S SIGNATURE <u>Boal</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Martin Funeral Home Princeton, Mo.</u> | |
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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 Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.