

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15160

State File No.

FILED JAN 28 1954

0850
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BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4430</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crocker, Missouri</u>			c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Crocker, Missouri</u>			<u>0850</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delphia</u>			b. (Middle) <u>None</u>		c. (Last) <u>Griffin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 27, 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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Crocker, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U SA</u>	
13a. FATHER'S NAME <u>Frank Payne</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Carmack</u>		14. NAME OF HUSBAND OR WIFE <u>William D. Griffin</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Griffin Crocker, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>						<u>20 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>						<u>5 yrs</u>
	DUE TO (c) _____						
	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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>		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 <u>AUG</u> , 19 <u>75</u> , to <u>Dec 30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec. 30</u> , 19 <u>53</u> , and that death occurred at <u>9:45 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Michalewicz D.D.S.</u>				23b. ADDRESS <u>Crocker, Missouri</u>		23c. DATE SIGNED <u>12-31-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker, Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-1-54</u>		REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>		25. SPECIAL AGENT'S SIGNATURE ADDRESS <u>Hedges Funeral Home Crocker, Mo</u>			

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

RECEIVED 1-1-54
Public Health Officer
File Number
Date Filed 1-26-54

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 Clarice Dross

Licensed Embalmer No. 4896

P. O. Address Wayneville, 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.