

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33273

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3061 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>													
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Carrollton</b>		c. LENGTH OF STAY (In this place) <b>5yrs</b>		c. CITY OR TOWN <b>Carrollton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>602 East Shanklin St.</b>				e. STREET ADDRESS (If rural, give location) <b>602 East Shanklin St.</b>													
3. NAME OF DECEASED (Type or Print) <b>Lineous Patton Griffin</b>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 24 1954</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 19, 1890</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>5</b>		IF UNDER 18 HRS. Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Winthrop Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>William A. Griffin</b>				13b. MOTHER'S MAIDEN NAME <b>Elizabeth Maddams</b>				14. NAME OF HUSBAND OR WIFE <b>Frances Cooper Griffin</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>486-01-8488</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Russell Griffin (Carrollton Mo.)</b>				ADDRESS					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery Occlusion</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Thrombo Angitis Obliterans 15 yrs.</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>								INTERVAL BETWEEN ONSET AND DEATH <b>?</b>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION  <b>4531</b>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 <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 <b>8-2</b> , 19 <b>54</b> , to <b>10-24</b> , 19 <b>54</b> that I last saw the deceased alive on <b>10-18</b> , 19 <b>54</b> , and that death occurred at <b>5:20 AM.</b> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <b>William J. Everett, D.O.</b>						23b. ADDRESS <b>8 N Folger St.</b>						23c. DATE SIGNED <b>10-25-54</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				24b. DATE <b>10-26-54.</b>				24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>Garrollton Mo.</b>					
DATE REC'D BY LOCAL REG. <b>11/27/54</b>				REGISTRAR'S SIGNATURE <b>Mar Herbert Calvert</b> <b>45-0</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Marshall F. Home (Carrollton Mo.)</b>				ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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 *P. M. Marshall*.....

Licensed Embalmer No. *2520*.....

P. O. Address *Carrollton*.....

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.