FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29179

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 343

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTHEAST MISSOURI HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN: ORAN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R. F. D. #1

1.00

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): ROBERT
c. (Last): GRIFFIN

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 26 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: DEC. 17 1888
9. AGE (In years last birthday): 66 — 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): RETIRED PAINTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): STURGESS KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: JOSEPH GRIFFIN
13b. MOTHER'S MAIDEN NAME: JULIET STONE
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 332-14-0907
17. INFORMANT'S SIGNATURE OR NAME: BERNEAL SAXTON — ADDRESS: ST. LOUIS, MO.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Urinary tract infection — 3 wks
DUE TO (c) Prostatic Hyper. — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 610 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 23, 1955, *to* Aug 26, 1955, *that I last saw the deceased alive on* Aug 26, 1955 *and that death occurred at* 4:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: D R Kleberough (Degree or title) MD
23b. ADDRESS: 219 N Pacific Cape Girardeau
23c. DATE SIGNED: 8-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 28 1955
24c. NAME OF CEMETERY OR CREMATORY: FRIEND
24d. LOCATION (City, town, or county) (State): ORAN MO.

DATE REC'D BY LOCAL REG.: 9-12-55
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Earl J. Smith — ADDRESS: ORAN MO.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl J. Smith.....

Licensed Embalmer No. 367

P. O. Address Oran, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.