

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39402

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6139 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Shelby county</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbyville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbyville</b>	
c. LENGTH OF STAY (in this place) <b>9Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Pleasant Hill Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARK</b>	b. (Middle) <b>C.</b>	c. (Last) <b>GRIFFIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-8-1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-29-1876</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 4 HRS. Days <b>9</b>	IF UNDER 1 HRS. Hours <b>Min.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plaster</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>John Griffin</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Griffin</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Studer, Shelbina, Mo.</b>	ADDRESS <b>Shelbina, Mo.</b>
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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, asthma, 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) <b>Coronary Thrombosis</b>		<b>1 year</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (m.)	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 **Jan 8, 1955, to Sept 27, 1955**, that I last saw the deceased alive on **Sept 27, 1955**, and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Tomer</b>	(Degree or title) <b>MD.</b>	23b. ADDRESS <b>Shelbina Mo</b>	23c. DATE SIGNED <b>11/4/55</b>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>	24b. DATE <b>11-10-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cmty.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-18-55</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	417-6	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harkelaw-Hawkins</b>	ADDRESS <b>Shelbina, Mo.</b>
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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 \_\_\_\_\_

*W. H. Hawkes*

Licensed Embalmer No. \_\_\_\_\_

*3498*

P. O. Address \_\_\_\_\_

*Stellina Ave*

**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.