No. 300
10.48

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

FILED FEB 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5339

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 3430 Ruby Way

0495

3. NAME OF DECEASED (Type or Print)
a. (First): Lucille
b. (Middle): K.
c. (Last): Griffin

4. DATE OF DEATH (Month): Feb. (Day): 4 (Year): 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 14, 1896

9. AGE (In years last birthday): 59 | 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): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pittsburg, Kansas

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Henry Blanken

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Vincent Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 339-22-3410

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Joan Stumfull
ADDRESS: 3430 Ruby Way Joplin, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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

4201

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* 1-29-56, *19*____, *to* 2-4-56, *19*____, *that I last saw the deceased alive on* 2-4-56, *19*____, *and that death occurred at* 12:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: 607 Frisco Building, Joplin, Mo

23c. DATE SIGNED: 2-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 8, 1956

24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

24d. LOCATION (City, town, or county): Pittsburg (State): Kansas

DATE REC'D BY LOCAL REG.: 2-24-56

REGISTRAR'S SIGNATURE: Dove Merriam

526-0

25. FUNERAL DIRECTOR'S SIGNATURE: SMITH FUNERAL HOME
ADDRESS: Pittsburg, Kans.

(Licensed Embalmer's Statement on Reverse Side)

Jasper County Health Office
County File Number 56-2-182
Date Filed FEB 28 1956

MAR 2 1956

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 G. C. Smith

Licensed Embalmer No. 3969

P. O. Address Pittsburg, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.