

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **33278**  
Registrar's No. **495**

**FILED OCT 17 1956**

**43**

**4058**

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>4058</b>		State File No. <b>33278</b>		Registrar's No. <b>495</b>			
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>							
b. CITY (If outside corporate limits, write RURAL and give township) <b>Harviell, Mo.</b>			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Harviell</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BB Hwy.</b>				e. STREET ADDRESS (If rural, give location) <b>BB Hwy.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>			b. (Middle) <b>T.</b>		c. (Last) <b>Griffin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20, 1956</b>			
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE <input checked="" type="radio"/> White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 19, 1889</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter and Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Rockfalls, Texas.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Fern Briggs Griffin</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>450-09-8531</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.T. Griffin, Harviell, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Colon</b>  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 <b>153x</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>5 April, 1956</b> to <b>Sept 20, 1956</b> , that I last saw the deceased alive on <b>Sept 18, 1956</b> , and that death occurred at <b>6:50A m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Norman E. Willis MD</b>				23b. ADDRESS <b>Poplar Bluff Mo</b>			23c. DATE SIGNED <b>30 Oct 56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-22, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>						
DATE REC'D BY LOCAL REG. <b>10/8/56</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank-Cotrell Poplar Bluff, Mo.</b>						

(Licensed Embalmer's Statement on Reverse Side)

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

89

RECEIVED

OCT 15 1956

OCT 15 1956  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

OCT 17 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.....  
Signature of Student Embalmer

Signed *Francis M. Hill*.....

Licensed Embalmer No. *500*.....

P. O. Address *Poplar Bluff*.....

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.