

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34006

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4152

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Northeast Hosp</u>		Length of stay in the <u>20 months</u>	d. STREET ADDRESS <u>719 Mabash</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>DALE</u> Last <u>GRIFFIN</u>			4. DATE OF DEATH Month <u>9</u> Day <u>21</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-2-1955</u>		9. AGE (In years last birthday) <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Bill Griffin</u>			14. MOTHER'S MAIDEN NAME <u>Nanda Hawkins</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Name <u>Bill Griffin</u> Address <u>Ke Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Scrubbing lab Exam shoes phoephorus poisoning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>14</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8880</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Apparently swallowed Poison</u>			
20c. TIME OF INJURY <u>3:00 p. m. 9-20-56</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Harrison City Jackson</u> COUNTY <u>MO</u> STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ <input checked="" type="checkbox"/> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Geo. C. Keal</u> (Type or print) <u>Geo. C. Keal, Jr. M.D. M.P.H. Coronary</u>			22b. ADDRESS <u>6627 Prosted. Road</u>		22c. DATE SIGNED <u>9-21-56</u>
23a. RIGUAL CREMATION, REMOVAL (Specify)		23b. DATE <u>9-22-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery Lebanon, MO</u>	
24. FUNERAL DIRECTOR <u>Passantino Bros</u>		ADDRESS <u>Ke Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-22-56</u>	
26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>					

(Licensed Embalmer's Statement on Reverse Side)

hh, welfare, public vice, 00, -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

624

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

Signature *Leonard L. Passantino*

Licensed Embalmer No..... 4

P. O. Address... *KC Mo*

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