

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28731**

FILED AUG 26 1957

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **4310** Registrar's No. **179**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Bevier		c. LENGTH OF STAY (In this place) 7 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY OR TOWN Mexico f. STREET ADDRESS (If rural, give location) 0043 2	

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) David c. (Last) Griffin		4. DATE OF DEATH (Month) (Day) (Year) 8 9 57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11 17 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) Callaway County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James J. Griffin		13b. MOTHER'S MAIDEN NAME Zaralda A. Linsey		14. NAME OF HUSBAND OR WIFE Mary Susan Griffin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Mary S. Griffin ADDRESS Bevier, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	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 331X		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3/26/36**, 19____, to **Aug 29**, 19**57**, that I last saw the deceased alive on **July 7**, 19**57**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 112 N. Clark Mexico Mo		23c. DATE SIGNED 8/9/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Aug. 11, 57		24c. NAME OF CEMETERY OR CREMATORY New Hope		24d. LOCATION (City, town, or county) (State) Audrain County, Mo.	
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DATE REC'D BY LOCAL REG. 8-12-57		REGISTRAR'S SIGNATURE Keith M. Neely		25. FUNERAL DIRECTOR'S SIGNATURE Paul Houston		ADDRESS Mexico Mo	
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(Licensed Embalmers' Statement on Reverse Side)

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

Date filed 8.23.57

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 *J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address... Bevier, Missa...

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.