

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037479  
STATE FILE NUMBER

FILED OCT 22 1958

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 623

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Doniphan.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>610 E. Pine, St.</u>		Length of stay in lb <u>31 YEARS.</u>	d. STREET ADDRESS (If outside, give location) <u>610 E. Pine, St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ramona Grace Griffin.</u>			4. DATE OF DEATH Month Day Year <u>9 - 29 - 58.</u>
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-5-06.</u>
9. AGE (In years last birthday) <u>52.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home.</u>	11. BIRTHPLACE (City and state or country) <u>MT. VERNON, Illinois.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	13a. FATHER'S NAME <u>Eugene Frazier.</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Shipley.</u>	14. NAME OF HUSBAND OR WIFE <u>Ellis Griffin.</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>489-38-6235</u>	17. INFORMANT Address <u>Ellis Griffin, Doniphan, 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>SUICIDE BY 22 CALIBER TARGET PISTOL.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>BULLET ENTERED BODY SLIGHTLY UNDER RT. VENTRICLE OF HEART RANG-</u>			
DUE TO (c) <u>ING UPWARD TO EMERGE UNDER LET. SCAPULA.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>976X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>POWDER BURNS ON CLOTHING AROUND BULLET WOUND INDICATED VICTIM HELD GUN TO BODY AND FIRED.</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>10:50 p.m. 9-29-58.</u>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>AT HOME.</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>DONIPHAN, Ripley, Missouri</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>10:50 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Ray Meenan; Coroner, 3</u>		22b. ADDRESS <u>DONIPHAN, MISSOURI</u>	22c. DATE SIGNED <u>OCT 8, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	23b. DATE <u>10-1-58.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN, CEMETARY.</u>	23d. LOCATION (City, town, or county) (State) <u>DONIPHAN, Mo.</u>
24. FUNERAL DIRECTOR <u>EDWARDS FUNERAL HOME.</u>		25. DATE RECD. BY LOCAL REG. <u>10-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Paul W. Johnston</u>

(Licensed Embalmer's Statement on Reverse Side)

social, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8581 88

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 *Thomas M. Emmons, Jr.*

Licensed Embalmer No. *5064*.....  
P. O. Address *Douglas, Jr.*.....

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.