

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020831

STATE FILE NUMBER

FILED JUN 25 1959

Registration District No. 99

Primary Registration District No.

Registrar's No. 31

S. 300  
v. 1-57

Doctor, 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

1. PLACE OF DEATH a. COUNTY <i>De Kalb</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>De Kalb</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Grandriver Township</i>		c. CITY OR TOWN <i>Rural</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Rural 7 mi NW Cameron</i>		Length of stay in lb	
3. NAME OF DECEASED (Type or print) First Middle Last <i>MARY ALICE GRIFFIN</i>		4. DATE OF DEATH Month Day Year <i>6 14 59</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 22 1870</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. <i>88</i>
11. BIRTHPLACE (City and state or country) <i>Wayne Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Damon Taylor</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT Address <i>enil Nelson De Kalb Co Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i> DUE TO (b) <i>Coronary atherosclerosis</i> DUE TO (c) <i>Generalized atherosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i> <i>20 yrs</i> <i>30 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>6-13-59</i> to <i>6-14-59</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>6-14-59</i> Death occurred at <i>6:30</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. M. Compton, M.D.</i>		22b. ADDRESS <i>Cameron, Mo</i>	22c. DATE SIGNED <i>6-15-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June 17, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>OSBORN</i>	23d. LOCATION (City, town, or county) (State) <i>OSBORN, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Osborn Funeral Home Cameron</i>		25. DATE RECD. BY LOCAL REG. <i>6-21-59</i>	26. REGISTRAR'S SIGNATURE <i>Roscoe Davidson</i>

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 *Laurence J. Thompson*

Licensed Embalmer No. *4735*.....

P. O. Address *Camden, Md.*

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.