

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021394

FILED JUL 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2563

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. ST. JOSEPH		d. STREET ADDRESS (If outside, give location) 6842 THE PASEO	
Length of stay in 1b 40 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GILBERT PATRICK GRIFFIN			4. DATE OF DEATH Month Day Year JUNE 11, 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 27, 1899		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REG. MAN. ASSORT		10b. KIND OF BUSINESS OR INDUSTRY POST CO	11. BIRTHPLACE (City and state or country) FORT ELLSWORTH KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME MICHAEL GRIFFIN		13b. MOTHER'S MAIDEN NAME MARY KNIGHT		14. NAME OF HUSBAND OR WIFE EDITH CARTER GRIFFIN	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 509 01 2929	17. INFORMANT Address: 6842 THE PASEO MRS. EDITH CARTER GRIFFIN-KANSAS CITY, MO.			
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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>Acute Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary Atherosclerosis</i>		
	DUE TO (c) <i>Generalized Atherosclerosis</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input 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.)			
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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"/>			
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 9:32 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Hugh F. Owens Carmel</i>			22b. ADDRESS 1034 Pratt Bldg		22c. DATE SIGNED 6-12-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JUNE 15, 1959	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM		23d. LOCATION (City, town, or county) (State) FORT LEAVENWORTH KA.
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO.		1331 BRUSH CREEK BLVD.	25. DATE RECD. BY LOCAL REG. 6-12-59	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
High H. Owens

MEDICAL CERTIFICATION

Health, Welfare, Public Service

1000-573

JUL 13 1958

JAN 26 1960

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 *James W. Johnson* .....

Licensed Embalmer No. *4889* .....

P. O. Address *A.C. No.* .....

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.