

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024102

FILED VS AUG 3 1959

STATE FILE NUMBER

Registration District No. 20 Primary Registration District No. 5102 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fristoe Township</u>		Length of stay in 1b <u>Minutes</u>		c. CITY OR TOWN <u>RAYTOWN</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>7 miles S/E of Warsaw</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5705 MANNING</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>RONALD</u> Middle <u>DWAYNE</u> Last <u>GRIFF</u>				4. DATE OF DEATH Month <u>July</u> Day <u>25</u> Year <u>1959</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>Dec 31, 1940</u>	9. AGE (last birthday) <u>18</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Universal Trailer Factory</u>		11. BIRTHPLACE (City and state or country) <u>Neosho, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charley Griff</u>			13b. MOTHER'S MAIDEN NAME <u>GLADYS BARNES</u>			14. NAME OF HUSBAND OR WIFE				
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>500-38-4835</u>		17. INFORMANT <u>Charley Griff</u>		Address <u>RAYTOWN, 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>Medullary paralysis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Fractured cranium & brain rupture</u>					<u>2 min.</u>			
		DUE TO (c) <u>Automobile accident</u>					<u>3 min.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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>High speed driving - car went out of control.</u>								
20c. TIME OF INJURY Hour <u>6:30 PM</u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u>7-25-59</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>Highway no. 7 East of Warsaw, Mo. near Turkey Creek bridge</u>	
20f. CITY, TOWN, OR LOCATION <u>Benton</u>				COUNTY <u>Mo.</u>		STATE <u>Mo.</u>				
21. I attended the deceased from <u>Dead on arrival</u> and last saw her/him alive on _____ Death occurred at <u>6:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>[Signature]</u> Cunty Coroner, Benton County, Warsaw, Mo.				22b. ADDRESS			22c. DATE SIGNED <u>7/26/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 28, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brooking Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Raytown Jackson, Mo</u>					
24. FUNERAL DIRECTOR <u>Kepley-Hinton</u>				ADDRESS <u>6113 Blue Ridge Raytown, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 27, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Reser

Licensed Embalmer No. _____

4098

P. O. Address _____

Warsaw

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.