

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028056

FILED VS AUG 28 1959/3

Registration District No. 12 Primary Registration District No. 3003 Registrar's No. 121

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		Length of stay in 1b 3 wks.	c. CITY OR TOWN CASSVILLE
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. VICENT HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 507 East Street
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LOIS Middle MARY Last GRIFFIN			4. DATE OF DEATH Month AUGUST Day 8 Year 1959			
5. SEX Female	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 6-20-1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 6 Days 18	IF UNDER 24 HR Hours 18 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Washburn, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME S.W. Chandler			13b. MOTHER'S MAIDEN NAME Rebecca McClure		14. NAME OF HUSBAND OR WIFE George Griffin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT 507 East Street George Griffin Cassville, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease & Congestive failure		2 mos.
DUE TO (c) Pulmonary emphysema; Pulmonary tuberculosis		1 year
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour 6:30 Month, Day, Year Aug 7, 1959	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.)	20f. CITY, TOWN, OR LOCATION Cassville COUNTY BARRY STATE MISSOURI

21. I attended the deceased from **1954** to **Aug 19 59** and last saw her alive on **Aug. 7, 1959**
Death occurred at **6:30** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Mary Newman M.D.		22b. ADDRESS Cassville, Missouri		22c. DATE SIGNED 8-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-10-59	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Cassville, Missouri	
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 8-20-59	26. REGISTRAR'S SIGNATURE Mrs P.N. Cook	

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 Doyle E. Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville

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.