

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033149

FILED VS OCT 8 1959 *240*

STATE FILE NUMBER

Registration District No. *240* Primary Registration District No. *4357* Registrar's No. *27*

MAILED

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) Marston		Length of stay in 1b	c. CITY OR TOWN Marston
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Marston
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle William Last Griffy			4. DATE OF DEATH Month Sept. Day 21 Year 59		
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5. SEX M	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 15-1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Government	10b. KIND OF BUSINESS OR INDUSTRY Engineer	11. BIRTHPLACE (City and state or country) Wayne Co. Indiana U. S. A.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Z. M. Griffy	13b. MOTHER'S MAIDEN NAME Raine Rebecka Spahr	14. NAME OF HUSBAND OR WIFE Lorena Griffy
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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. 1 world War	16. SOCIAL SECURITY NO.	17. INFORMANT Lorena Griffy Marston, 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) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of ureters and urinary bladder		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
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19. WAS AUTOPSY PERFORMED? YES <input 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 _____ a.m. _____ p.m. _____	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 Marston	COUNTY New Madrid	STATE Mo.
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21. I attended the deceased from **9-1-59** to **9-21-59** and last saw him alive on **9-21-59**
Death occurred at **3:15** **A**-m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James O. Cameron D.O.	(Degree or title)	22b. ADDRESS Lalboim - Mo	22c. DATE SIGNED 9-28-59
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23. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-23-59	23c. NAME OF CEMETERY OR CREMATORY Mounds Park	23d. LOCATION (City, town, or county) Near New Madrid, Mo.
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24. FUNERAL DIRECTOR Richards Undertaking Co. New Madrid, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-1-59	26. REGISTRAR'S SIGNATURE H. L. Gordon Deputy
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 *Les Hedgepeth*

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.