

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002725

FILED VS FEB 10 1960

STATE FILE NUMBER

Registration District No. 967 Primary Registration District No. 5902 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Pemisset</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemisset</u>	
b. CITY (If outside incorporated limits, give TOWNSHIP only) <u>Hayti</u>		Length of stay in 1b <u>7 mos</u>	c. CITY OR TOWN <u>2 mi N.W. of Hayti, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give HOSPITAL OR INSTITUTION) <u>2 mi N.W. of Hayti, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 Miller N.W. of Hayti Mo.</u>

3. NAME OF DECEASED (Type or print) First <u>Eddie</u> Middle <u>Griffin</u> Last <u>Griffin</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>25</u> Year <u>1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3, 30, 96</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state and country) <u>Alligator Lake Miss U.S.A</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>Mose Griffin</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Griffin</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Lula Griffin</u>	

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.	17. INFORMANT <u>A. Williams</u>	Address <u>Hayti, Mo.</u>
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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) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
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)		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 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			

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 <u>Hayti, Mo.</u>	COUNTY <u>Pemisset</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>home</u> on <u>1-24-60</u> to <u>1-25-60</u> and last saw her/him alive on <u>1-25-60</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>L D Denton MD</u> (Degree or title)		22b. ADDRESS <u>Hayti, Mo.</u>	22c. DATE SIGNED <u>1-28-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-30-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	23d. LOCATION (City, town, or county) (State) <u>Blytheville, Ark.</u>
24. FUNERAL DIRECTOR <u>J. E. Smith, Hayti, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-30-60</u>	26. REGISTRAR'S SIGNATURE <u>Lakenda Adams</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1961

APR 12 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. H. Will*

Licensed Embalmer No. *2627*

P. O. Address *Lebanon, Mo.*

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.