

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018569

FILED VS JUN 2 1960 47

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 156

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY CALLAWAY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		Length of stay in 1b 40 MINUTES		c. CITY OR TOWN Fulton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CALLAWAY MEM. HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 5, FULTON		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DORA Middle ELLEN Last GRIFFIN				4. DATE OF DEATH Month MAY Day 27 Year 1960				
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 APR. 15, 1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) Callaway Co. Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ANTON LADMAN			13b. MOTHER'S MAIDEN NAME SARAH THOMPSON			14. NAME OF HUSBAND OR WIFE JOHN H. GRIFFIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 499-38-2631		17. INFORMANT Address JOHN H. GRIFFIN, RS, FULTON, 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, recurrent DUE TO (b) Arterio sclerotic cardio-vascular disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
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 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 _____ a.m. _____ p.m. Month, Day, Year _____								
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		COUNTY		STATE
21. I attended the deceased from 27 May 1960 and last saw her live on May 27, 1960 Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (In free or title) George W. Groce, MD.				22b. ADDRESS Fulton, Mo			22c. DATE SIGNED 5/29/60	
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 29, 1960	23c. NAME OF CEMETERY OR CREMATORY RiverView Cemetery		23d. LOCATION (City, town, or county) (State) Callaway Co. Mo.				
24. GENERAL DIRECTOR ADDRESS Maupin Funeral Home, Fulton, Mo			25. DATE RECD. BY LOCAL REG. May 31-1960		26. REGISTRAR'S SIGNATURE Martha Lawrence			

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

Marshall C. Black

Licensed Embalmer No. 471

P. O. Address Fullon,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.