

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024253

FILED VS. JUN 20 1960

316

Primary Registration District No.

Registrar's No.

257

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		Length of stay in lb <b>2 months.</b>		c. CITY OR TOWN <b>Frankclay</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>O.</b> Last <b>GRIFFIN</b>				4. DATE OF DEATH Month <b>June</b> Day <b>22</b> Year <b>1960</b>											
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5-22-1898</b>		9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>1</b> Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern manager and common labor.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>labor.</b>				11. BIRTHPLACE (City and state or country) <b>Franklin County, Mo.</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Nathan Griffin</b>				13b. MOTHER'S MAIDEN NAME <b>Sarah Anderson</b>				14. NAME OF HUSBAND OR WIFE <b>Hazel</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>495-22-6172</b>				17. INFORMANT Address <b>Records, State Hospital No. 4, Farmington, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic carcinoma of the brain - - - -</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 months.</b>					
DUE TO (b) <b>Carcinoma of the lung - - - - -</b>										Unknown.					
DUE TO (c)															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral arteriosclerosis with psychotic reaction and convulsive disorder.</b>										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 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 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 <b>April 22, 1960</b> to <b>June 22, 1960</b> and last saw him alive on <b>June 22, 1960</b> Death occurred at <b>12:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <i>John L. Brennan M.D.</i>						22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>				22c. DATE SIGNED <b>6-24-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 25, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Adams Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Frankclay, Mo.</b>							
24. FUNERAL DIRECTOR ADDRESS <b>Bert L. Boyer, Leadwood, Mo.</b>						25. DATE RECD. BY LOCAL REG. <b>June 24, 1960</b>		26. REGISTRAR'S SIGNATURE <i>Eather Rindloff</i>							

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 Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood, 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.