IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

=60-029914

STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 5241 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Madison Twp.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 Miles N. Cane Hill
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN: Stockton
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2 Miles N. Cane Hill
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: CLIFTON Middle: (NONE) Last: GRIFFIN

4. DATE OF DEATH: Month Sept. Day 6 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/2/1900

9. AGE (last birthday): 59

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, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Bona, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Rufus A. Griffin

13b. MOTHER'S MAIDEN NAME: Mary Harvey

14. NAME OF HUSBAND OR WIFE: Gladys Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Gladys Griffin, Address: Stockton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary insufficiency	4 yr.
DUE TO (c)	Arteriosclerosis	yrs.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 8.31.56, to 9.6.60 and last saw her/him alive on _____
Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm. B. Richter M.D.

22b. ADDRESS: Stockton Mo.

22c. DATE SIGNED: 9.9.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-9-1960

23c. NAME OF CEMETERY OR CREMATORY: Shady Grove Cemetery

23d. LOCATION (City, town, or county) (State): Polk County, Mo.

24. FUNERAL DIRECTOR: Cantlon Fun. Home, ADDRESS: Stockton, Mo.

25. DATE RECD. BY LOCAL REG.: 9-9-60

26. REGISTRAR'S SIGNATURE: Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John A. Cantl

Licensed Embalmer No. 438

P. O. Address Stockton

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