

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034578

FILED VS OCT 10 1960

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 138 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Haney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Haney</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) <u>West Plains</u>		Length of stay in 1b <u>hrs</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <u>Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>311 W. Cleaveland</u>	
3. NAME OF DECEASED (Type or print) First <u>Shes</u> Middle <u>Wilburn</u> Last <u>Griffin</u>		4. DATE OF DEATH Month <u>9</u> Day <u>14</u> Year <u>60</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/19/06</u>
9. AGE (last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>West Plains Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>J. M. Griffin</u>	
13b. MOTHER'S MAIDEN NAME <u>Kellye Fogle</u>		14. NAME OF HUSBAND OR WIFE <u>Glady's Garrett, West Plains Mo</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. <u>465 123 4567</u>	
17. INFORMANT <u>Glady's Garrett, West Plains Mo</u>		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>Acute adrenocortical insufficiency</u> DUE TO (b) <u>Prolonged steroid therapy</u> DUE TO (c) <u>Rheumatoid arthritis, severe</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> <u>2 years</u> <u>8 years</u>		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 <u>8:10 A.</u> Month, Day, Year <u>9/12/60</u>		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>West Plains Mo</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>9/12/60</u> to <u>9/14/60</u> and last saw him alive on <u>9/14/60</u> Death occurred at <u>8:10 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. L. Fowler MD</u> (Degree or title)		22b. ADDRESS <u>West Plains Mo.</u>	
22c. DATE SIGNED <u>9/29/60</u>			
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	23b. DATE <u>9/17-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
24. FUNERAL DIRECTOR <u>Robert W. West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-5-60</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

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 *H. J. Kauters*

Licensed Embalmer No. 3437

P. O. Address *West*

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