

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038731

FILED VS NOV 14 1960

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 539 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 40 YRS	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3415 SERGEANT AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GUS Middle LAVERNE Last GRIFFIN			4. DATE OF DEATH Month NOVEMBER Day 9 Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-14-1914	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY ELLIS OIL COMPANY		11. BIRTHPLACE (City and state or country) FAYETTEVILLE, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME MARGARET -----		14. NAME OF HUSBAND OR WIFE RUTH SMITH GRIFFIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. 2		16. SOCIAL SECURITY NO. UNK		17. INFORMANT MRS. RUTH SMITH GRIFFIN, SERGEANT		Address 3415

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock		INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Third Degree Burns 70% body surface	24 hours
	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.) Automobile - gasoline truck Collision
20c. TIME OF INJURY Hour 3:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 11 8 60	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) highway
20f. CITY, TOWN, OR LOCATION highway #60 near farland		COUNTY Oklahoma STATE
21. I attended the deceased from 11/8/60 to 11/9/60 and last saw her/him alive on 11/9/60 Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Bert F. Woodruff md		22b. ADDRESS Joplin mo	22c. DATE SIGNED 11/10/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-12-60	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK	23d. LOCATION (City, town, or county) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 11-12-1960	26. REGISTRAR'S SIGNATURE Robert Merriam

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 4 1961

NOV 28 1961

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 Harvey E. Bruce
Licensed Embalmer No. 446

P. O. Address Springfield

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.