

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-038732**

**FILED VS NOV 9 1960**

*156*

Registration District No. *2001*

Registrar's No. *521*

STATE FILE NUMBER

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JASPER</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Length of stay in 1b YRS	c. CITY OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1707 MURPHY AVE.</b>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>BOB</b> Middle <b>JOE</b> Last <b>GRIFFIS</b>			<b>4. DATE OF DEATH</b> Month <b>NOVEMBER</b> Day <b>2</b> Year <b>1960</b>			
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>9-24-1929</b>	<b>9. AGE (last birthday)</b> <b>31</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>BOOKKEEPER - DOANES</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>FEED PRODUCTS CO.</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>SPRING CITY, MO.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>FORREST E. GRIFFIS</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>FANNY TREWIN</b>		<b>14. NAME OF HUSBAND OR WIFE</b> -----		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>UNK</b>	<b>17. INFORMANT</b> Address <b>MRS. FANNY GRIFFIS, 1707 MURPHY AVE.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic pyelonephritis with terminal uremia.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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>Diabetes Mellitus. Interlobular Glomerular Sclerosis</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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. _____	Month, Day, Year					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>		
<b>21. I attended the deceased from</b> <b>October 19, 1960</b> to <b>Nov. 2, 1960</b> and last saw <sup>him</sup> <b>him</b> alive on <b>Nov. 2, 1960</b> Death occurred at <b>11:50 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <i>John W. Kahle M.D.</i>			<b>22b. ADDRESS</b> <b>304 Medical Arts Bldg. Joplin, Missouri</b>		<b>22c. DATE SIGNED</b> <b>11-4-60</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>23b. DATE</b> <b>11-4-60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>HORNET CEMETERY,</b>	<b>23d. LOCATION (City, town, or county) (State)</b> <b>HORNET, MISSOURI</b>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>11-5-1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Dove Merriam</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 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. Armae

Licensed Embalmer No. 4463

P. O. Address Joplin Mo

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.