

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-008360

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 200

AMENDED

FILED APR 3 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Aldrich	
Length of stay in 1b 10 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital		d. STREET ADDRESS (If outside, give location) Route #1	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jessie Middle Cletis Last Griffin			4. DATE OF DEATH Month Mar. Day 24 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-23-1907	9. AGE (last birthday) 53	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 Farm		11. BIRTHPLACE (City and state or country) Cedar County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Anderson Benjamin Griffin		13b. MOTHER'S MAIDEN NAME Nora Tunnell		14. NAME OF HUSBAND OR WIFE Almeda Griffin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Almeda Griffin; Aldrich, Mo.		
				Address Rt. #1		

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 10 days
IMMEDIATE CAUSE (a) Acute pancreatitis		
DUE TO (b) Chronic cholecystitis with		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Cholelithiasis		Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Infarction		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 checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		

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 Springfield, Mo.	COUNTY Dade	STATE Mo.
21. I attended the deceased from 3-14-61 to 3-24-61 and last saw him alive on 3-24-61 . Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J. C. Canada	(Degree or title) M.D.	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 3-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 26, 1961	23c. NAME OF CEMETERY OR CREMATORIUM Rice Cemetery	23d. LOCATION (City, town, or county) (State) Dade County, Mo.

24. FUNERAL DIRECTOR J. C. Canada	ADDRESS Greenfield, Mo.	25. DATE RECD. BY LOCAL REG. 3-29-61	26. REGISTRAR'S SIGNATURE Effie E. Melton
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold F. Tuttle

Licensed Embalmer No. 5079

P.O. Address Spfld, 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.