

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012342

STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 48

FILED APR 11 1961

DATE AMENDED

INSIDE OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits; give TOWNSHIP only) <u>Washington Township</u>		c. CITY OR TOWN <u>Mountain View</u>	
Length of stay in lb. <u>1 mo</u>		-Inside Limits- Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No 3</u>		d. STREET ADDRESS (If outside, give location) <u>unknown</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS SYLVANUS GRIFFIN</u>			4. DATE OF DEATH Month Day Year <u>3 31 61</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4-11-98</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labo</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>labo</u>		11. BIRTHPLACE (City and state or country)	
12. CITIZEN OF WHAT COUNTRY <u>X</u>					

13. FATHER'S NAME <u>Thos. L. Griffin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Booker</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Hospital records</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>Pulmonary Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
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)		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 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	COUNTY	STATE
21. I attended the deceased from <u>2/28/61</u> to <u>3/31/61</u> and last saw him alive on <u>3/31/61</u> Death occurred at <u>8:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

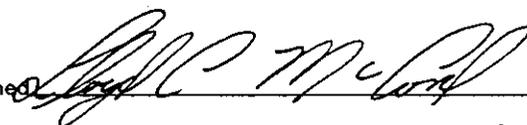
22a. SIGNATURE <u>George Esker M.D.</u>	(Degree or title)	22b. ADDRESS <u>State Hospital No 3</u>	22c. DATE SIGNED <u>3/31/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4/1/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wash. Univ. Anatomical</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
24. FUNERAL DIRECTOR <u>Richard L. Shorten, Nevada, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-8-1961</u>	26. REGISTRAR'S SIGNATURE <u>Emma S. Perry</u>

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  _____

Licensed Embalmer No. 4853

P. O. Address Florida, 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.