# SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=020791
STATE FILE NUMBER

AMENDED

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 61-45

FILED JUN 20 1961

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Morgan twp. — Length of stay in 1b: 7 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1½ mi. N & 1 mi W of Bona — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dade
c. CITY OR TOWN Aldrich — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Route #1 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Mary Middle Elizabeth Last Griffin
4. DATE OF DEATH: Month June Day 13 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 4-13-1868
9. AGE (last birthday): 93 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Wright Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Harvey
13b. MOTHER'S MAIDEN NAME: Cynthia Grogan
14. NAME OF HUSBAND ~~OR WIFE~~ dec'd: Rufus A. Griffin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Lloyd Griffin; Address: Aldrich, Rt #1, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: yes
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. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan 43, to date and last saw her alive on June '61
Death occurred at 11:00 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm B Richter MD.
22b. ADDRESS: Stockton Mo
22c. DATE SIGNED: 6-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 16, 1961
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Shady Grove Cem.
23d. LOCATION (City, town, or county) (State): Polk County, Mo.

24. FUNERAL DIRECTOR ADDRESS: J.C. Canada; Greenfield, Mo.
25. DATE RECD. BY LOCAL REG.: 6-16-1961
26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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_____ Signed J. C. Canada

Signature of Student Embalmer

Licensed Embalmer No. 4196

P. O. Address Greenfield, M

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.