

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027652

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. — Registrar's No. 144

FILED III 30 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0530
2 0530
3 1
4 1
5 1
6
7 0
8 2
9 X
10 X
11 053
12 91-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington T.S.		Length of stay in 1b 1 1/2 yrs.	c. CITY OR TOWN Lebanon
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION HH Hiway 6m. S. of Lebanon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Oakland Star Rt.
3. NAME OF DECEASED (Type or print) First Betty Middle Louise Last Griffin		4. DATE OF DEATH Month July Day 22 Year 1962	
5. SEX female	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 4-18-44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (last birthday) 18
11. BIRTHPLACE (City and state or country) Laclede County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Calvin Bennett		13b. MOTHER'S MAIDEN NAME Jewell Williams	14. NAME OF HUSBAND OR WIFE Faye L. Griffin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Mr. Calvin Bennett, Lebanon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken neck			INTERVAL BETWEEN ONSET AND DEATH immed.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fractures to both feet Crushed Chest, Broken left arm, Compound fractures to legs			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.) Car accident	
20c. TIME OF INJURY Hour 10:45 a.m. Month, Day, Year 7-22-62			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) H.H. Highway	20f. CITY, TOWN, OR LOCATION Lebanon, Mo.
		COUNTY Laclede	STATE Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. J. Shadel (Degree or title) Coroner		22b. ADDRESS City Rt 66 W, Lebanon, Mo	22c. DATE SIGNED 7-24-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-24-62	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	23d. LOCATION (City, town, or county) (State) Laclede County, Mo.
24. FUNERAL DIRECTOR H. J. Shadel ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 7-24-1962	26. REGISTRAR'S SIGNATURE Hella L. Gray

AUG 21 1962

MAR 11 1963

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 _____

Eric M. Abbott

Licensed Embalmer No. _____

5115

P. O. Address _____

Springfield 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.