

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028022

STATE FILE NUMBER

Registration District No. 272 Primary Registration District No. 5907 Registrar's No. 10

FILED JUL 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10780

20780

3

4 0

5 3

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94222

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11

12 90-0

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Remick</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Steele</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Steele</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Beady Rd</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>216 So. Beady Rd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Thomas R</u> Middle <u>Griffin</u> Last <u>Griffin</u>			4. DATE OF DEATH Month <u>7</u> Day <u>14</u> Year <u>62</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>4-13-80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Clifton Tenn</u>
13a. FATHER'S NAME <u>Tom Griffin</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Dadds</u>	14. NAME OF HUSBAND OR WIFE <u>Steele MO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Cecil Campbell</u> Address <u>Steele MO</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>Chronic myocarditis</u> DUE TO (b) <u>Due to senility</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>394 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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 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	COUNTY STATE
21. I attended the deceased from <u>1-2-60</u> to <u>7-14-62</u> and last saw him alive on <u>7-13-62</u> . Death occurred at <u>10:55 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thomas R Griffin</u> (Degree or title)		22b. ADDRESS <u>Steele, MO</u>	22c. DATE SIGNED <u>7-16-62</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>7-16-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>mt zion</u>	23d. LOCATION (City, town, or county) <u>Steele MO.</u>
24. FUNERAL DIRECTOR <u>Geomon Funeral Home</u>		ADDRESS <u>Steele MO.</u>	25. DATE RECD. BY LOCAL REG. <u>7-16-62</u>
		26. REGISTRAR'S SIGNATURE <u>Eather Callena</u>	

No Permit issued  
7-21-62  
E. Callahan

**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 John F. McClure

Licensed Embalmer No. 5104

P. O. Address Stueb, Missouri

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.