

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30224
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>5799</u> Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Monroe</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison RR</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison RR</u> d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Griffin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-29-55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>10/6/1890</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Madison, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Chas (Bud) Griffin</u>	
14. MOTHER'S MAIDEN NAME <u>Georgia Dry</u>		15. NAME OF HUSBAND OR WIFE <u>Missie Bondurant Griffin</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
17. SOCIAL SECURITY NO. <u>applying</u>		18. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank Griffin</u>		19. ADDRESS <u>Madison</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>March 1, 1955</u> , to <u>Sept 29, 1955</u> , that I last saw the deceased alive on <u>Sept. 25, 1955</u> , and that death occurred at <u>6:30 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. G. Barnett, MD.</u>		23b. ADDRESS <u>Paris, Mo.</u>		23c. DATE SIGNED <u>9-30-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 1-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Swain Hall</u>	
24d. LOCATION (City, town, or county) (State) <u>Madison, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Thompson</u>		24f. ADDRESS <u>Madison</u>	
DATE REC'D BY LOCAL REG. <u>9/30/55</u>		REGISTRAR'S SIGNATURE <u>E. R. Roberts</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Thompson</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Wm. Fred C. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. *2272*

P. O. Address *Wendover, W.*

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 this body is not embalmed, fact should be so stated above.