

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19414

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>700</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>24 1/2 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u> <u>0110</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>D</u> c. (Last) <u>Griffin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11-1950</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>Jan 20 1877</u>			
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Thomas Griffin</u>			13b. MOTHER'S MAIDEN NAME <u>Mabel Taylor</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl Griffin</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 NUMBER <u>100-14-2290</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas D. Griffin</u>			ADDRESS <u>Princeton Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>42 21</u> <u>yrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>May 1-</u> , 19 <u>50</u> , to <u>June 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 11</u> , 19 <u>50</u> , and that death occurred at <u>8:42 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dorrest Thomas MD</u> (Degree or title)				23b. ADDRESS <u>St. Joseph Mo, State Hospital No 2</u>		23c. DATE SIGNED <u>6/11-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Princeton Mo</u>			
DATE REC'D BY LOCAL REG. <u>June 13, 1950</u>		REGISTRAR'S SIGNATURE <u>C. G. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Martin Funeral Home Princeton Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

1950 AUG 8

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, ~~by~~

..... Student Embalmer No.

working under my personal supervision.

Signed Grandal B. Stabe

Signed.....
Student Embalmer

Licensed Embalmer No. 4644

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.